

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000021827

Entity Name: SMILE DENTAL CENTER CORP.

Current Principal Place of Business:

765 E. 9 ST
HIALEAH, FL 33010

Current Mailing Address:

765 E. 9 ST
HIALEAH, FL 33010

FEI Number: 27-5401039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLER, ROSA M
765 E 9 ST
HIALEAH, FL 33010 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name SOLER, ROSA M
Address 8560 NW 169 TERRACE
City-State-Zip: MIAMI LAKES FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSA M SOLER

P

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date