

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000055756

**Entity Name:** SUNSET SMILES CARE CENTER, INC.

**Current Principal Place of Business:**

6266 SOUTH CONGRESS AVENUE  
L-16  
LAKE WORTH, FL 33462

**Current Mailing Address:**

6266 SOUTH CONGRESS AVENUE  
L-16  
LAKE WORTH, FL 33462

**FEI Number:** 45-5539620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VELASQUEZ, LUIS F DR.  
8302 DOMINICA PLACE  
WELLINGTON, FL 33414 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:** DR. LUIS F VELASQUEZ

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VELASQUEZ, LUIS F DR.  
Address 8302 DOMINICA PLACE  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name HERRERA, DENISE  
Address 8302 DOMINICA PLACE  
City-State-Zip: WELLINGTON FL 33414

*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:** DENISE HERRERA

VP

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date