

2019 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.
9904 VIA VERNINI STREET
LAKE WORTH , FL 33467 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

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VELASQUEZ, LUIS F DR.
Address 9904 VIA VERNINI STREET
City-State-Zip: LAKE WORTH FL 33467

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: LUIS VELASQUEZ

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date