

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000003821

**Entity Name:** VIVIAN MENENDEZ DMD, CORP

**Current Principal Place of Business:**

19501 E OAKMONT DR  
HIALEAH, FL 33015

**Current Mailing Address:**

19501 OAKMONT DR  
HIALEAH, FL 33015 US

**FEI Number:** 46-1752125

**Certificate of Status Desired:** No

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

MENENDEZ LLERA, VIVIAN M  
19501 OAKMONT DR  
HIALEAH, FL 33015 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 P, S  
Name MENENDEZ LLERA, VIVIAN M  
Address 19501 OAKMONT DR  
City-State-Zip: HIALEAH FL 33015

*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:** VIVIAN M MENENDEZ LLERA

**PRESIDENTE**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date