

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000006750

Entity Name: CENTER FOR COMPLETE DENTISTRY INC

Current Principal Place of Business:

2999 NE 191 STREET
210
AVENTURA, FL 33180

Current Mailing Address:

2999 NE 191 STREET
210
AVENTURA, FL 33180

FEI Number: 46-1841864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARG, ARUN
2999 NE 191 STREET
210
AVENTURA, FL 33180 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
Name GARG, ARUN
Address 2999 NE 191 STREET SUITE 210
City-State-Zip: AVENTURA FL 33180

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: ARUN GARG

P

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date