

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000011810

Entity Name: MIAMI RISA DENTAL CENTER, INC.

Current Principal Place of Business:

1829 N.E. 185TH STREET
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1829 N.E. 185TH STREET
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 46-1962625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZUNIGA, JUAN C
1829 NE 185TH STREET
NORTH MIAMI BEACH, FL 33179 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 PSTD
Name ZUNIGA, JUAN C
Address 8342 S.W. 8TH STREET
City-State-Zip: MIAMI FL 33144

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: JUAN C ZUNIGA

PSTD

02/16/2018

Electronic Signature of Signing Officer/Director Detail

Date