

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000025835

Entity Name: AVENTURA CENTER FOR DENTAL SLEEP MEDICINE, INC.

Current Principal Place of Business:

2627 NE 203RD STREET, SUITE 212
MIAMI, FL 33180

Current Mailing Address:

2627 NE 203RD STREET, SUITE 212
MIAMI, FL 33180

FEI Number: 46-2464313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEISMAN, DAVID
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 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 DR.
Name FREEDLINE, RANDY
Address 2627 NE 203RD STREET, SUITE 212
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: RANDY FREEDLINE DDS

PRESIDENT

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date