

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000069657

**Entity Name:** FARAHAY SMILE CARE DDS , P.A

**Current Principal Place of Business:**

4005 SW 152ND AVE  
UNIT 2  
MIAMI, FL 33185

**Current Mailing Address:**

12715 NW 7TH ST  
MIAMI, FL 33182 US

**FEI Number: 46-3568569**

**Certificate of Status Desired: No**

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

DIAZ, FARAH A  
12715 NW 7TH ST  
MIAMI, FL 33182 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 DIAZ, FARAH A  
Address 12715 NW 7TH ST  
City-State-Zip: MIAMI FL 33182

*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: FARAH A DIAZ

PRESIDENT

01/09/2018

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

\_\_\_\_\_ Date