

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000082490

Entity Name: SOUTH DADE FAMILY DENTISTRY, INC.

Current Principal Place of Business:

18543 S DIXIE HWY
CUTLER BAY, FL 33157

Current Mailing Address:

10545 SW 74 AVE
PINECREST, FL 33157 US

FEI Number: 46-3966275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPAS, ALFREDO
18543 S DIXIE HWY
CUTLER BAY, FL 33157 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 D
Name CORPAS, ALFREDO
Address 18543 S DIXIE HWY
City-State-Zip: CUTLER BAY FL 33157

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: ALFREDO CORPAS

DDS

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date