

**2019 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:**

18543 S DIXIE HWY  
CUTLER BAY, FL 33157

**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

**CONTROLLER**

**04/01/2019**

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

\_\_\_\_\_ Date