

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000055897

**Entity Name:** SMILE DENTAL GROUP, P.A.

**Current Principal Place of Business:**

7618 NW 186 STREET  
MIAMI, FL 33015

**Current Mailing Address:**

7618 NW 186 STREET  
MIAMI, FL 33015

**FEI Number:** 37-1760826

**Certificate of Status Desired:** No

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

RUIZ, ELISEO  
7618 NW 186 STREET  
MIAMI, FL 33015 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 RUIZ, ELISEO  
Address 7618 NW 186 STREET  
City-State-Zip: MIAMI FL 33015

*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:** ELISEO RUIZ

**PRESIDENT**

**02/24/2015**

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

\_\_\_\_\_  
Date