

2016 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

04/13/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date