

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000038328

**Entity Name:** DOLPHIN DENTAL SERVICE, INC.

**Current Principal Place of Business:**

310 SW 109 AVE  
SWEETWATER, FL 33174

**Current Mailing Address:**

310 SW 109 AVE  
SWEETWATER, FL 33174 US

**FEI Number:** 47-3862008

**Certificate of Status Desired:** No

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

CORTORREAL, ELSA  
310 SW 109 AVE  
MIAMI, FL 33174 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 CORTORREAL, ELSA DDS  
Address 310 SW 109 AVE  
City-State-Zip: SWEETWATER FL 33174

Title VP  
Name PADRON, OSCAR  
Address 820 NW 123 CT  
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:** ELSA CORTORREAL

**PRESIDENT**

**04/29/2020**

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

\_\_\_\_\_  
Date