

2017 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:

OBREGON, JOSE LUIS
2700 VILLAGE GREEN DR.
MIAMI, FL 33175 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 TS
Name OBREGON, JOSE LUIS
Address 310 SW 109 AVE
City-State-Zip: SWEETWATER FL 33174

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: JOSE LUIS OBREGON

DIRECTOR

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date