

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000082485

**Entity Name:** LATIN QUARTER DENTAL P.A.

**Current Principal Place of Business:**

1660 SW 1 ST  
MIAMI, FL 33135

**Current Mailing Address:**

1660 SW 1 ST  
MIAMI, FL 33135 US

**FEI Number: 81-4125967**

**Certificate of Status Desired: No**

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

LEA PLAZA, RODOLFO  
1660 SW 1 ST  
MIAMI, FL 33135 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 LEA PLAZA, RODOLFO  
Address 1660 SW 1 ST  
City-State-Zip: MIAMI FL 33135

*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: RODOLFO LEA PLAZA**

**PRESIDENT**

**02/26/2019**

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

\_\_\_\_\_  
Date