

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000085904

**FILED  
Apr 12, 2018  
Secretary of State  
CC0721618340**

**Entity Name:** SMILE DENTAL CENTER MIAMI CORP

**Current Principal Place of Business:**

14850 SW 26TH ST  
MIAMI, FL 33185

**Current Mailing Address:**

14850 SW 26TH ST  
MIAMI, FL 33185

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ORTIZ MARTINEZ, LINDA P  
14850 SW 26TH ST  
MIAMI, FL 33185 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	Title	S
Name	CORROREAL, ELSA G	Name	ORTIZ MARTINEZ, LINDA P
Address	14850 SW 26TH ST	Address	14850 SW 26TH ST
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185

Title S  
Name PUETO, MIJAIL B  
Address 14850 SW 26TH ST  
City-State-Zip: MIAMI FL 33185

*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: LINDA ORTIZ MARTINEZ**

**PRESIDENT**

**04/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date