

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000085904

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

**Current Principal Place of Business:**

9835 SW 40 ST  
MIAMI, FL 33165

**Current Mailing Address:**

9835 SW 40 ST  
MIAMI, FL 33165 US

**FEI Number: 82-3194879**

**Certificate of Status Desired: No**

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

ORTIZ MARTINEZ, LINDA PAOLA  
9835 SW 40TH ST  
MIAMI, FL 33183 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 S  
Name ORTIZ MARTINEZ, LINDA P  
Address 9835 SW 40 ST  
City-State-Zip: MIAMI FL 33165

Title P  
Name SUAREZ, YAMILIA MOREJON  
Address 9835 SW 40TH ST  
City-State-Zip: MIAMI FL 33165

*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: ORTIZ MARTINEZ LINDA P**

**S**

**04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date