

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000087468

**Entity Name:** REDBIRD DENTAL CARE, INC.

**Current Principal Place of Business:**

5771 SW 40 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

5771 SW 40 STREET  
MIAMI, FL 33155 US

**FEI Number: 82-3266306**

**Certificate of Status Desired: No**

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

ACOSTA, HECTOR M  
5771 SW 40 STREET  
MIAMI, FL 33155 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            VPD  
Name            ACOSTA, HECTOR M  
Address        118 ZAMORA  
City-State-Zip: CORAL GABLES FL 33134

Title            PD  
Name            CLARO, RITA M  
Address        118 ZAMORA  
City-State-Zip: CORAL GABLES FL 33134

Title            VPD  
Name            CLARO, EMILIO E  
Address        5771 SW 40 STREET  
City-State-Zip: MIAMI FL 33155

*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: HECTOR M ACOSTA**

**V P**

**01/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date