

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000018323

**Entity Name:** DORAL DENTAL STUDIO, INC

**Current Principal Place of Business:**

2100 NW 107 STREET  
#106  
MIAMI, FL 33172

**Current Mailing Address:**

2100 NW 107 STREET  
#106  
MIAMI, FL 33172 US

**FEI Number:** 82-4585554

**Certificate of Status Desired:** No

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

CUARTAS, ANDRES  
2913 NW 97 CT  
DORAL, FL 33172 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 CUARTAS, ANDRES  
Address 2913 NW 97 CT  
City-State-Zip: DORAL FL 33172

*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:** ANDRES CUARTAS

PD

04/19/2019

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

\_\_\_\_\_  
Date