## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000085438

Entity Name: MY SMILE CENTER, INC

**Current Principal Place of Business:** 

12800 SW 8TH ST MIAMI, FL 33184

**Current Mailing Address:** 

12800 SW 8TH ST MIAMI, FL 33184 US

FEI Number: 83-2268440 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANRIQUE B, GABRIELA A 12800 SW 8TH ST MIAMI, FL 33184 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: GABRIELA A MANRIQUE B 04/04/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name BOWEN, OLGA Name MANRIQUE B, GABRIELA A

Address 12800 SW 8TH ST Address 12800 SW 8TH ST

City-State-Zip: MIAMI FL 33184 City-State-Zip: MIAMI FL 33184

Title DIR

Name FRIEDMAN, RENE DR
Address 12800 SW 8TH ST
City-State-Zip: MIAMI FL 33184

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: GABRIELA MANRIQUE B

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/04/2024

FILED Apr 04, 2024

**Secretary of State** 

1220824730CC

Date