

**2021 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

04/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	VP
Name	BOWEN, OLGA	Name	BOWEN, 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 BOWEN

VP

04/10/2021

Electronic Signature of Signing Officer/Director Detail

Date