

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000053395

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

**Current Principal Place of Business:**

9835 SW 40ST  
MIAMI, FL 33165

**Current Mailing Address:**

9835 SW 40ST  
MIAMI, FL 33165 US

**FEI Number: 84-2328060**

**Certificate of Status Desired: No**

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

PAOLO ORTIZ MARTINEZ, LINDA  
9835 SW 40ST  
MIAMI, FL 33165 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	Title	S
Name	PAOLA ORTIZ MARTINEZ, LINDA	Name	RHENALS LOPEZ, GUILLERMO A
Address	9835 SW 40ST	Address	9835 SW 40ST
City-State-Zip:	MIAMI FL 33165	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: PAOLA ORTIZ MARTINEZ , LINDA**

**P**

**04/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date