

2020 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
Name PAOLA ORTIZ MARTINEZ, LINDA
Address 9835 SW 40ST
City-State-Zip: MIAMI FL 33165

Title VP
Name RHENALS LOPEZ, GUILLERMO A
Address 9835 SW 40ST
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

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date