

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000053082

Entity Name: L.A. FAMILY DENTISTRY CORP

Current Principal Place of Business:

4835 E 4TH AVENUE
SUITE A
HIALEAH, FL 33013

Current Mailing Address:

4835 E 4TH AVENUE
SUITE A
HIALEAH, FL 33013 US

FEI Number: 87-1120050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ NEYRA, ARLET
9164 NW 146 TERRACE
MIAMI LAKES, FL 33018 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 LOPEZ NEYRA, ARLET
Address 9164 NW 146 TERRACE
City-State-Zip: MIAMI LAKES FL 33018

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: ARLET LOPEZ NEYRA

PRESIDENT

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date