

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000047306

**Entity Name:** SMILE DENTAL HOMESTEAD, INC

**Current Principal Place of Business:**

27325 S DIXIE HWY,  
HOMESTEAD, FL 33032

**Current Mailing Address:**

27325 S DIXIE HWY,  
HOMESTEAD, FL 33032 US

**FEI Number: 88-2881216**

**Certificate of Status Desired: No**

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

JORGE HOSSAIN  
13731 NW 20TH STREET,  
PEMBROKE PINES, FL 33028 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 MARTA C ENG DMD, P.A.  
Address 53 WEST 3RD STREET  
City-State-Zip: HIALEAH FL 33010

Title P  
Name MARTA HOSSAIN DDS, P.A.  
Address 27325 S DIXIE HWY,  
City-State-Zip: HOMESTEAD FL 33032

*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: JORGE HOSSAIN**

**RA**

**04/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date