

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013117

Entity Name: GABLES DENTAL CLINIC G.C., INC.

Current Principal Place of Business:

5450 SW 8TH STREET
SUITE 201
CORAL GABLES, FL 33134

Current Mailing Address:

6100 MAYNADA ST
CORAL GABLES, FL 33146

FEI Number: 58-2030039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOY, ISABEL C
6100 MAYNADA ST
CORAL GABLES, FL 33146 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 DR
Name NOY, ISABEL C
Address 6100 MAYNADA ST
City-State-Zip: CORAL GABLES FL 33146

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: DR.ISABEL NOY _____

PRESIDENT

02/03/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date