

**2015 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:**

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

**FEI Number:** 58-2030039

**Certificate of Status Desired:** No

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

NOY, ISABEL C DR.  
5450 SW 8TH STREET  
SUITE 201  
CORAL GABLES, FL 33134 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:** ISABEL NOY D.D.S.

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name NOY, ISABEL C  
Address 5450 SW 8TH STREET  
SUITE 201  
City-State-Zip: CORAL GABLES FL 33134

*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:** ISABEL NOY D.D.S.

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date