

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049838

Entity Name: MY DENTIST INC.

Current Principal Place of Business:

2500 E. HALLANDALE BEACH BLVD.
SUITE 601
HALLANDALE, FL 33009

Current Mailing Address:

2500 E. HALLANDALE BEACH BLVD.
SUITE 601
HALLANDALE, FL 33009

FEI Number: 65-0754744

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVOA, YVONNE
2500 E. HALLANDALE BEACH BLVD.
SUITE 601
HALLANDALE, FL 33009 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 BOBADILLA, PATRICIA M
Address 2500 E. HALLANDALE BCH. SUITE
#601
City-State-Zip: HALLANDALE FL 33009

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: PATRICIA BOBADILLA

DDS

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date