

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000049838

**Entity Name:** MY DENTIST INC.

**Current Principal Place of Business:**

7000 WEST 12TH AVENUE  
SUITE #6  
HIALEAH, FL 33014

**Current Mailing Address:**

7000 WEST 12TH AVENUE  
SUITE #6  
HIALEAH, FL 33014

**FEI Number:** 65-0754744

**Certificate of Status Desired:** No

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

BOBADILLA, PATRICIA  
2646 THOMAS ST  
HOLLYWOOD, FL 33020 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:** PATRICIA BOBADILLA

06/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOBADILLA, PATRICIA M  
Address         2646 THOMAS ST  
City-State-Zip: HOLLYWOOD FL 33020

*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

PRESIDENT

06/15/2023

Electronic Signature of Signing Officer/Director Detail

Date