

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000068166

**Entity Name:** SOUTH FLORIDA PROSTHODONTICS, INC.

**Current Principal Place of Business:**

12600 PEMBROKE ROAD  
SUITE 314  
MIRAMAR, FL 33027-2544

**Current Mailing Address:**

4581 WESTON ROAD  
#321  
WESTON, FL 33331-3141 US

**FEI Number:** 65-0777791

**Certificate of Status Desired:** No

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

DIEZ, FEDERICO DR  
4581 WESTON ROAD  
#321  
WESTON, FL 33331-3141 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 DPST  
Name DIEZ, FEDERICO DR  
Address 4581 WESTON ROAD  
#321  
City-State-Zip: WESTON FL 33331-3141

*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:** FEDERICO DIEZ DDS

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01/23/2016

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

\_\_\_\_\_ Date