

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000077218

**Entity Name:** PEMBROKE PINES DENTAL HEALTH CENTER, P.A.

**Current Principal Place of Business:**

1806 NORTH FLAMINGO ROAD  
SUITE 170  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1806 NORTH FLAMINGO ROAD  
SUITE 170  
PEMBROKE PINES, FL 33028

**FEI Number:** 65-0865914

**Certificate of Status Desired:** Yes

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

KLEIN, BRENT D  
3850 BIRD ROAD  
SUITE 303  
MIAMI, 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 P  
Name ERRO, JUAN CDDS  
Address 1851 N.W. 125 AVE., STE. 170  
City-State-Zip: PEMBROKE PINES FL 33028

Title VP  
Name CARBALLO, RODOLFO  
Address 1806 NORTH FLAMINGO ROAD  
SUITE 170  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** JUAN ERRO

**PRESIDENT**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date