

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015453

Entity Name: GABLES SMILE & COSMETIC DENTISTRY INC.

Current Principal Place of Business:

401 MIRACLE MILE
SUITE 109
CORAL GABLES, FL 33134

Current Mailing Address:

401 MIRACLE MILE
SUITE 109
CORAL GABLES, FL 33134

FEI Number: 65-0894639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOBON, ELIAS
401 MIRACLE MILE
SUITE 109
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name TOBON, ELIAS
Address 401 MIRACLE MILE #109
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: ELIAS TOBON

PRESIDENT

01/11/2014

Electronic Signature of Signing Officer/Director Detail

Date