

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090897

Entity Name: PROSTHODONTIC DENTISTRY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2601 SOUTH BAYSHORE DRIVE, SUITE #760
COCONUT GROVE, FL 33133

Current Mailing Address:

2601 SOUTH BAYSHORE DRIVE, SUITE #760
COCONUT GROVE, FL 33133

FEI Number: 65-0953100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAGA, VALERIA
2601 SOUTH BAYSHORE DRIVE, SUITE #760
COCONUT GROVE, FL 33133 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 DIRECTOR
Name SHARP, BRUNO
Address 2601 S BAYSHORE DRIVE STE 760
City-State-Zip: MIAMI FL 33133

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: BRUNO SHARP

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date