

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V05161

**Entity Name:** MARIAMILAGROS SARDA D.D.S., PA.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
STE 205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
STE 205  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0310004

**Certificate of Status Desired:** No

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

SARDA, MARIAMILAGROS  
299 ALHAMNRA CIR.  
SUITE 205  
CORAL GABLE, 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 PST  
Name SARDA, MARIAMILAGROS  
Address 2414 S.W. 20TH STREET  
City-State-Zip: MIAMI FL

*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:** MARIA M SARDA DDS

**OWNER**

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date