

2015 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: MARIAMILAGROS SARDA DDS

DENTIST/OWNER

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date