

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V05161

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

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE SUITE 205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

299 ALHAMBRA CIRCLE SUITE 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 ALHAMBRA CIRCLE SUITE 205  
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            PRESIDENT, TREASURER,  
                     SECRETARY, DIRECTOR  
Name            SARDA, MARIAMILAGROS  
Address        2414 SW 20TH STREET  
City-State-Zip: MIAMI FL 33145

*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

PRESIDENT

01/05/2024

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date