2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 17, 2015
Secretary of State
CC2602966855

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Entity Name: MIAMI SMILE INSTITUTE, LLC

Current Principal Place of Business:

1805 PONCE DE LEON BLVD
SUITE 301
MIAMI, FL 33134-4454

Current Mailing Address:

1805 PONCE DE LEON BLVD
SUITE 301
MIAMI, FL 33134-4454 US

FEI Number: 90-0929603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VELASCO, NORKA S
15032 SW 23 WAY
MIAMI, FL 33185 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

Authorized Person(s) Detail :

Title	MGRM
Name	VELASCO, NORKA S
Address	15032 SW 23 WAY
City-State-Zip:	MIAMI FL 33185

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORKA S VELASCO MGRM 06/17/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date