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.

Ρ

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000004718

Entity Name: EVOLUTION DENTAL EDUCATION & CONSULTING CORPORATION

Current Principal Place of Business:

4045 SHERIDAN AVE STE 249 MIAMI BEACH, FL 33140

Current Mailing Address:

4045 SHERIDAN AVE STE 249 MIAMI BEACH, FL 33140 US

FEI Number: 92-1982931

Name and Address of Current Registered Agent:

PISANO UHRI, RAFFAELE 4045 SHERIDAN AVE STE 249 MIAMI BEACH, FL 33140 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

Officer/Director Detail :

2		
LAR J RIOS CALVO, MARIA DEL		
)770 NW 66 VA ST #312		
ORAL FL 33178		
L.)7		

FILED Jan 19, 2024 Secretary of State 7998678540CC

Certificate of Status Desired: No

01/19/2024

Date