

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 613709

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC7668705198**

**Entity Name:** NORTH RIVER DENTAL GROUP, P.A.

**Current Principal Place of Business:**

3030 US HIGHWAY 301 NORTH  
ELLENTON, FL 34222

**Current Mailing Address:**

3030 US HIGHWAY 301 NORTH  
ELLENTON, FL 34222

**FEI Number: 59-1908743**

**Certificate of Status Desired: No**

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

GASSMAN, ALAN S.  
1212 COURT STREET, SUITE B  
CLEARWATER, FL 34616 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	VP	Title	P
Name	STEINBERG, RICHARD WDDS	Name	DELROSE, DANIEL CDDS
Address	3030 US HWY 301	Address	3030 US HWY 301
City-State-Zip:	ELLENTON FL 34222	City-State-Zip:	ELLENTON FL 34222

*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: RICHARD W STEINBERG**

**VP**

**03/08/2018**

Electronic Signature of Signing Officer/Director Detail

Date