

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J15881

**Entity Name:** DENTAL SERVICE AGENTS, INC.

**Current Principal Place of Business:**

19 W. FLAGLER STREET  
#711  
MIAMI, FL 33130

**Current Mailing Address:**

19 W. FLAGLER STREET  
#711  
MIAMI, FL 33130 US

**FEI Number:** 59-2704274

**Certificate of Status Desired:** No

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

REDLUS, BURT E.  
19 W FLAGLER STREET  
711  
MIAMI, FL 33130 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 PD  
Name REDLUS, BURT E  
Address 19 W. FLAGLER ST., #711  
City-State-Zip: MIAMI FL 33130

Title VD  
Name REDLLUS, CAROLE M  
Address 19 W. FLAGLER STREET  
#711  
City-State-Zip: MIAMI FL 33130

*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:** BURT E REDLUS

**PRES**

**04/15/2019**

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

\_\_\_\_\_  
Date