

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085491

Entity Name: DENTAL PARTNERS OF WESTON, INC.

Current Principal Place of Business:

2721 EXECUTIVE PARK DR. SUITE 1
WESTON, FL 33331

Current Mailing Address:

2721 EXECUTIVE PARK DR. SUITE 1
WESTON, FL 33331

FEI Number: 65-1146452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLAZO, RALPH C
15502 NW 77TH COURT
MIAMI LAKES, FL 33016 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 | PTD | Title | SVD |
| Name | COLLAZO, RALPH C | Name | BRETOS, ALEXANDER L |
| Address | 2721 EXECUTIVE PARK DR. SUITE 1 | Address | 2721 EXECUTIVE PARK DR. SUITE 1 |
| City-State-Zip: | WESTON FL 33331 | City-State-Zip: | WESTON FL 33331 |

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: RALPH COLLAZO

PTD

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date