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: JASON CARTER DMD

Electronic Signature of Signing Officer/Director Detail

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: CORY COUCH

SIGNATURE	CORY COUCH		02/11/2024		
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	MGR		
Name	COUCH, CORY LDMD	Name	CARTER, JASON C DR.		
Address	5355 PEMBRIDGE PLACE	Address	2831 HANNON HILL DRIVE		
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309		

#### 3612 AUSTIN DAVIS AVE TALLAHASSEE, FL 32308 US

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# FEI Number: 03-0431414

# Name and Address of Current Registered Agent:

COUCH, CORY DR.

**Current Mailing Address:** 

3612 AUSTIN DAVIS AVE. TALLAHASSEE. FL 32308

Entity Name: CC DENTAL GROUP P.A.

**Current Principal Place of Business:** 

### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P0200001371

FILED Feb 11, 2024 Secretary of State 0420286236CC

Certificate of Status Desired: No

02/11/2024 Date

MGR