

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159397

Entity Name: HFS DENTAL, INC.

Current Principal Place of Business:

11645 BISCAYNE BLVD.
#204
NORTH MIAMI , FL 33181

Current Mailing Address:

P.O. BOX 011723
MIAMI, FL 33101

FEI Number: 20-1919489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, ALAN J
20803 BISCAYNE BLVD.
SUITE 301
AVENTURA, FL 33180 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 P,D
Name STERN, SHMUEL Z
Address P.O. BOX 011723
City-State-Zip: MIAMI FL 33101

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: SHMUEL STERN

P/S

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date