## **2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000159397

Entity Name: HFS DENTAL, INC.

**Current Principal Place of Business:** 

750 NW 20TH STREET

MIAMI, FL 33127

## **Current Mailing Address:**

P.O. BOX 546086 SURFSIDE, FL 33154 US

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

**FILED** Apr 07, 2022

**Secretary of State** 

4037060669CC

## Officer/Director Detail:

P, D Title

Name STERN, SHMUEL Z Address P.O. BOX 546086 City-State-Zip: SURFSIDE FL 33154

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.

P/S

Electronic Signature of Signing Officer/Director Detail