

**2021 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 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

**Officer/Director Detail :**

Title P, D  
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.*

**SIGNATURE:** SHMUEL Z STERN

P,D

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date