FEI Number: 20-3791829		Certificate of Status Desired: No			
Name and Address of Current Registered Agent:					
ROBINSON, SHARON O DR. 11281 HERON BAY BLVD 3115 CORAL SPRINGS, FL 33076 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:	SHARON ROBINSON	04/24/2017			
	Electronic Signature of Registered Agent	Date			
Officer/Director Detail :					

Officer/Direc	mcer/Director Detail :				
Title	Ρ	Title	VP		
Name	ROBINSON, SHARON O. DR.	Name	ROBINSON, LORNA Y		
Address	11281 HERON BAY BLVD. APT. #3115	Address	11281 HERON BAY BLVD. APT. #3115		
City-State-Zip:	CORAL SPRINGS FL 33076	City-State-Zip:	CORAL SPRINGS FL 33076		

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: SHARON ROBINSON

Electronic Signature of Signing Officer/Director Detail

04/24/2017

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165951

Entity Name: THE DENTAL PLACE INC.

Current Principal Place of Business:

6738 W SUNRISE BLVD SUITE #105 PLANTATION, FL 33313

Current Mailing Address:

11281 HERON BAY BLVD. APT.#3115 CORAL SPRINGS. FL 33076

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FILED Apr 24, 2017 **Secretary of State** CC2481401234