### 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. 04/15/2021

### SIGNATURE: SHARON ROBINSON

Electronic Signature of Signing Officer/Director Detail

PLANTATION, FL 33313 US

## FEI Number: 20-3791829

### Name and Address of Current Registered Agent:

ROBINSON, SHARON O DR. 5939 NW 74TH STREET PARKLAND, FL 33067 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.

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SIGNATURE	SHARON ROBINSON			04/15/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	VP	
Name	ROBINSON, SHARON O. DR.	Name	ROBINSON, LORNA Y	
Address	5939 NW 74TH STREET	Address	5607 NW 125 AVE	
City-State-Zip:	PLANTATION FL 33067	City-State-Zip:	CORAL SPRINGS FL 33076	

6738 W SUNRISE BLVD

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165951

Entity Name: THE DENTAL PLACE INC.

## **Current Principal Place of Business:**

**SUITE #105** PLANTATION, FL 33313

## **Current Mailing Address:**

6738 WEST SUNRISE BLVD 105

PRESIDENT

# FILED Apr 15, 2021 Secretary of State 6985250951CC

Certificate of Status Desired: No