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. 04/02/2024

SIGNATURE: SHARON ROBINSON

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent						
Officer/Director Detail :						
Title	Ρ	Title	V			

Officer/Director Detail :					
Title	Р	Title	VP		
Name	ROBINSON, SHARON O. DR.	Name	ROBINSON, OPAL Y		
Address	5939 NW 74TH STREET	Address	5607 NW 125 AVE		
City-State-Zip:	PLANTATION FL 33067	City-State-Zip:	CORAL SPRINGS FL 33076		

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.

FEI Number: 20-3791829

SIGNATURE: SHARON ROBINSON

Name and Address of Current Registered Agent:

ROBINSON, SHARON O DR. 5939 NW 74TH STREET

PARKLAND, FL 33067 US

2024 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:

6738 WEST SUNRISE BLVD 105 PLANTATION, FL 33313 US

PRESIDENT

FILED Apr 02, 2024 Secretary of State 8324068037CC

04/02/2024 Date

Certificate of Status Desired: No