

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000141488

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**7207238490CC**

**Entity Name:** DENTAL PRACTICE ADMINISTRATION SERVICES, INC.

**Current Principal Place of Business:**

2060 SW 27 AVE  
MIAMI, FL 33145

**Current Mailing Address:**

2060 SW 27 AVE  
MIAMI, FL 33145

**FEI Number: 26-0510268**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NAPOLES, ELIZABETH  
2060 SW 27 AVE  
MIAMI, FL 33145 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	Title	V
Name	NAPOLES, ELIZABETH	Name	BENEDICO, NANCY
Address	8401 NW 8 ST #106	Address	8401 NW 8 ST #106
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

*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: ELIZABETH NAPOLES**

**PRESIDENT**

**02/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date