

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141488

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:

NAPLES, 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
Name NAPLES, ELIZABETH
Address 6477 SW 14 STREET
City-State-Zip: MIAMI FL 33144

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 NAPLES

PRESIDENT

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date