

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000271

Entity Name: DENTAL PRACTICE ADVISORS, INC.

Current Principal Place of Business:

1949 S OAK HAVEN CIRCLE
MIAMI, FL 33179

Current Mailing Address:

1949 S OAK HAVEN CIRCLE
MIAMI, FL 33179 US

FEI Number: 26-4021635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERGER, ARLENE B
1949 S OAK HAVEN CIRCLE
MIAMI, FL 33179 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 BERGER, ARLENE B
Address 1949 S OAK HAVEN CIRCLE
City-State-Zip: MIAMI FL 33179

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: ARLENE B BERGER

P

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date