

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017242

**Entity Name:** HEALTHPLEX DENTAL SERVICES, INC.

**Current Principal Place of Business:**

333 EARLE OVINGTON BLVD,  
SUITE 300  
UNIONDALE, NY 11553-3608

**FILED**  
**Apr 20, 2023**  
**Secretary of State**  
**1895545297CC**

**Current Mailing Address:**

333 EARLE OVINGTON BLVD,  
SUITE 300  
UNIONDALE, NY 11553-3608 US

**FEI Number: 45-2548158**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR, CEO  
Name VAN HAM, COLLEEN HASTINGS  
Address 200 EAST RANDOLPH STREET  
SUITE 5300  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name WIFFLER, THOMAS PATRICK  
Address 200 EAST RANDOLPH STREET  
SUITE 5300  
City-State-Zip: CHICAGO IL 60601

Title SECRETARY  
Name BRODY, MICHAEL CHARLES  
Address 680 BLAIR MILL RD  
City-State-Zip: HORSHAM PA 19044

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title ASST. SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9900 BREN ROAD EAST  
City-State-Zip: MIINETONKA MN 55343

Title VP  
Name COTTINGTON, NYLE BRENT  
Address 9800 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title CFO  
Name VIGNOLA, VALERIE [NMN]  
Address 333 EARLE OVINGTON  
BOULEVARD,SUITE 300  
City-State-Zip: UNIONDALE NY 11533

*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: HEATHER ANASTASIA LANG**

**ASSISTANT SECRETARY 04/20/2023**

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

\_\_\_\_\_  
Date