

2024 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
Jan 29, 2024
Secretary of State
6203798404CC

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 H.
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name WIFFLER, THOMAS P.
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

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

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

Title ASST. SECRETARY
Name LANG, HEATHER A.
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
Address 333 EARLE OVINGTON BOULEVARD
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 A. LANG

ASSISTANT SECRETARY 01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date