

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017242

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 45-2548158**

**Certificate of Status Desired: No**

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

INTERSTATE DOCUMENT FILINGS INCORPORATED  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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 DCEO  
Name CUCHEL, STEPHEN JDR.  
Address 333 EARLE OVINGTON BLVD, STE 300  
City-State-Zip: UNIONDALE NY 11553-3608

Title DCEO  
Name KANE, MARTIN DR.  
Address 333 EARLE OVINGTON BLVD, STE 300  
City-State-Zip: UNIONDALE NY 11553-3608

Title CFOS  
Name VIGNOLA, VALERIE  
Address 333 EARLE OVINGTON BLVD, STE 300  
City-State-Zip: UNIONDALE NY 11553-3608

Title DVPT  
Name KANE, GEORGE  
Address 333 EARLE OVINGTON BLVD, STE 300  
City-State-Zip: UNIONDALE NY 11553-3608

Title DVP  
Name RIZZUTO, PHILIP J  
Address 333 EARLE OVINGTON BLVD, STE 300  
City-State-Zip: UNIONDALE NY 11553-3608

Title D, COO  
Name SCHMIDT, CHRISTOPHER  
Address 333 EARLE OVINGTON BLVD, STE 300  
City-State-Zip: UNIONDALE NY 11553-3608

*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: VALERIE VIGNOLA**

**CFO**

**04/24/2013**

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

\_\_\_\_\_  
Date