

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000017242

Entity Name: HEALTHPLEX DENTAL SERVICES, INC.

Current Principal Place of Business:

333 EARLE OVINGTON BLVD,
3RD FLOOR
UNIONDALE, NY 11553-3608

Current Mailing Address:

333 EARLE OVINGTON BLVD,
3RD FLOOR
UNIONDALE, NY 11553-3608 US

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	DIRECTOR, CO-CEO	Title	DIRECTOR, PRESIDENT, CO-CEO
Name	CUCHEL, STEPHEN J DR.	Name	KANE, MARTIN DR.
Address	333 EARLE OVINGTON BLVD, 3RD FLOOR	Address	333 EARLE OVINGTON BLVD, 3RD FLOOR
City-State-Zip:	UNIONDALE NY 11553-3608	City-State-Zip:	UNIONDALE NY 11553-3608
Title	CFO, SECRETARY	Title	DIRECTOR, TREASURER, VP
Name	VIGNOLA, VALERIE	Name	KANE, GEORGE DR.
Address	333 EARLE OVINGTON BLVD, 3RD FLOOR	Address	333 EARLE OVINGTON BLVD, 3RD FLOOR
City-State-Zip:	UNIONDALE NY 11553-3608	City-State-Zip:	UNIONDALE NY 11553-3608
Title	DIRECTOR, VP	Title	COO, DIRECTOR
Name	RIZZUTO, PHILIP J	Name	SCHMIDT, CHRISTOPHER
Address	333 EARLE OVINGTON BLVD, 3RD FLOOR	Address	333 EARLE OVINGTON BLVD, 3RD FLOOR
City-State-Zip:	UNIONDALE NY 11553-3608	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

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date