

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000070430

Entity Name: CHASE DENTAL SLEPCARE OF HOLLYWOOD, INC.

Current Principal Place of Business:

2525 EMBASSY DR SOUTH, STE.1
COOPER CITY, FL 33026

Current Mailing Address:

2525 EMBASSY DR SOUTH, STE.1
COOPER CITY, FL 33026

FEI Number: 46-3532752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALO, MAURICIO A DDS
2525 EMBASSY DR SOUTH, STE.1
COOPER CITY, FL 33026 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 PD
Name MALO, MAURICIO A DDS
Address 2525 EMBASSY DR SOUTH, STE.1
City-State-Zip: COOPER CITY FL 33026

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: MAURICIO MALO

PRES

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date