

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000000643

**Entity Name:** DOG DENTAL CARE INC

**Current Principal Place of Business:**

2560 NW 42ND AVE  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

2560 NW 42ND AVE  
COCONUT CREEK, FL 33066 US

**FEI Number:** 47-2686939

**Certificate of Status Desired:** No

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

BORTOLAZZO, DENITA  
2560 NW 42ND AVE  
COCONUT CREEK, FL 33066 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 P  
Name BORTOLAZZO, DENITA  
Address 2560 NW 42ND AVE  
City-State-Zip: COCONUT CREEK FL 33066

*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:** DENITA BORTOLAZZO

MS

03/06/2023

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

\_\_\_\_\_ Date