

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000008835

**Entity Name:** AMERICAN DENTAL CARE PARTNERS INC.

**Current Principal Place of Business:**

11999 KATY FREEWAY  
SUITE 430  
HOUSTON, TX 77079

**Current Mailing Address:**

11999 KATY FREEWAY  
SUITE 430  
HOUSTON, TX 77079 US

**FEI Number:** 20-1949000

**Certificate of Status Desired:** No

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

ROSILLO, FRANK A  
7950 N.W. 53RD  
DORAL, FL 33166 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 D  
Name MAZZINI, MICHAEL  
Address 11999 KATY FREEWAY  
SUITE 430  
City-State-Zip: HOUSTON TX 77079

*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:** MICHAEL MAZZINI

**PRESIDENT**

**03/23/2023**

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

\_\_\_\_\_  
Date