

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000054627

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC2577607535**

**Entity Name:** THE DENTAL PLACE OF TAMARAC, INC.

**Current Principal Place of Business:**

7300 W. MCNAB ROAD  
SUITES 115 AND 116  
TAMARAC, FL 33321

**Current Mailing Address:**

7300 W. MCNAB ROAD  
SUITES 115 AND 116  
TAMARAC, FL 33321

**FEI Number:** 47-4401085

**Certificate of Status Desired:** No

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

HERMAN, JOSEPH DDS  
449 NE 19TH AVE  
DEERFIELD BEACH, FL 33441 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:** JOSEPH HERMAN DDS

01/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            HERMAN, JOSEPH DDS  
Address        7300 W. MCNAB ROAD, SUITES 115  
                  AND 116  
City-State-Zip: TAMARAC FL 33321

Title            TRES  
Name            HANDEL-HERMAN, MICHELLE DMD  
Address        7300 W. MCNAB ROAD, SUITES 115  
                  AND 116  
City-State-Zip: TAMARAC FL 33321

Title            CLER  
Name            HERMAN, JOSEPH DDS  
Address        7300 W. MCNAB ROAD, SUITES 115  
                  AND 116  
City-State-Zip: TAMARAC FL 33321

*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:** JOSEPH HERMAN

**PRESIDENT**

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date