

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000070502

**Entity Name:** OAKLAND PARK MODERN DENTISTRY, PA**Current Principal Place of Business:**17000 RED HILL AVE  
ATTN: LEGAL DEPT.  
IRVINE, CA 92614**Current Mailing Address:**17000 RED HILL AVE  
ATTN: LEGAL DEPT.  
IRVINE, CA 92614 US**FEI Number:** 81-1418857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            PHAM, MINH B  
Address        17000 RED HILL AVE  
                  ATTN: LEGAL DEPT.  
City-State-Zip: IRVINE CA 92614

Title            SECRETARY  
Name            GHAZAL, CAROLYN G  
Address        17000 RED HILL AVE  
                  ATTN: LEGAL DEPT.  
City-State-Zip: IRVINE CA 92614

Title            TREASURER  
Name            MCCANN, KATIE L  
Address        17000 RED HILL AVE  
                  ATTN: LEGAL DEPT.  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            PHAM, MINH B  
Address        17000 RED HILL AVE  
                  ATTN: LEGAL DEPT.  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            MCCANN, KATIE L  
Address        17000 RED HILL AVE  
                  ATTN: LEGAL DEPT.  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            GHAZAL, CAROLYN G  
Address        17000 RED HILL AVE  
                  ATTN: LEGAL DEPT.  
City-State-Zip: IRVINE CA 92614

*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:** MINH B. PHAM, D.D.S.**PRESIDENT****03/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date