

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000063491

**Entity Name:** DENTAL PARTNER GROUP, P.A.

**Current Principal Place of Business:**

1124 W 29 ST  
HIALEAH, FL 33012

**Current Mailing Address:**

1124 W 29 ST  
HIALEAH, FL 33012 US

**FEI Number: 81-3174354**

**Certificate of Status Desired: No**

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

BENEDICO, NANCY  
1124 W 29 ST  
HIALEAH, FL 33012 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 GUTIERREZ, MARLEN DDS  
Address 1124 W 29 ST  
City-State-Zip: HIALEAH FL 33012

Title D  
Name BENEDICO, NANCY  
Address 1124 W 29 ST  
City-State-Zip: HIALEAH FL 33012

Title D  
Name NAPOLES, ELIZABETH  
Address 1124 W 29 ST  
City-State-Zip: HIALEAH FL 33012

*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: MARLEN GUTIERREZ**

P

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date