

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000034608

Entity Name: CHAMPAGNE DENTAL CORP.**Current Principal Place of Business:**2385 NW EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431**Current Mailing Address:**2385 NW EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431 US**FEI Number:** 82-5210299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAY, HOLLY
1330 SOUTH BELCHER RD
CLEARWATER, FL 33764 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	HITZEL, GEORGE E
Address	1330 SOUTH BELCHER RD
City-State-Zip:	CLEARWATER FL 33764

Title	VP
Name	GEORGE E. HITZEL DDS PA
Address	1330 SOUTH BELCHER ROAD
City-State-Zip:	CLEARWATER FL 33764

Title	VP
Name	KAY, HOLLY
Address	1330 SOUTH BELCHER ROAD
City-State-Zip:	CLEARWATER FL 33764

Title	VP
Name	HITZEL, ALISON
Address	7219 3RD AVENUE S
City-State-Zip:	ST PETERSBURG FL 33707

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: HOLLY KAY

VP

02/08/2022

Electronic Signature of Signing Officer/Director Detail_____
Date