

**2020 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:** GEORGE HITZEL DDS

**OWNER**

**03/24/2020**

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

\_\_\_\_\_  
Date