### above, or on an attachment with all other like empowered. OWNER

Electronic Signature of Signing Officer/Director Detail

Entity Name: CHAMPAGNE DENTAL CORP.

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

**Current Principal Place of Business:** 

2385 NW EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431

DOCUMENT# P18000034608

### **Current Mailing Address:**

2385 NW EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431 US

### FEI Number: 82-5210299

# 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

# **Officer/Director Detail :**

Title	P	Title	VP
Name	HITZEL, GEORGE E	Name	GEORGE E. HITZEL DDS PA
Address	1330 SOUTH BELCHER RD	Address	1330 SOUTH BELCHER ROAD
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764
Title		Title	VP
THE	VP	nue	VF
Name	VP KAY, HOLLY	Name	HITZEL, ALISON

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

SIGNATURE: GEORGE HITZEL DDS

Certificate of Status Desired: No

05/14/2020

Date