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.

OFFICER

SIGNATURE: WILLIAM ELLIOTT

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000084996

Entity Name: DENTAL WORKS MANAGEMENT SERVICES GROUP, INC.

Current Principal Place of Business:

5401 W KENNEDY BLVD. SUITE 240 TAMPA, FL 33609

Current Mailing Address:

5401 W KENNEDY BLVD. SUITE 240 TAMPA, FL 33609 US

FEI Number: 85-3757139

Name and Address of Current Registered Agent:

ELLIOTT, WILLIAM 5401 W KENNEDY BLVD SUITE 240 TAMPA, FL 33609 US

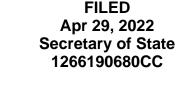
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Electronic Signature of Registered Agent

SIGNATURE:

Officer/Director Detail :

Title	Ρ	Title	Т
Name	WINKENBACH, PETER	Name	ELLIOTT, WILLIAM
Address	1380 HOWELLS GROVE ROAD	Address	93 CAMPBELLS LANE
City-State-Zip:	GREENSBORO GA 30642	City-State-Zip:	NEW CASTLE NH 03854



Certificate of Status Desired: No

04/29/2022 Date

Date