2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000074306

Entity Name: NAPLES BAY DENTAL GROUP, PA

Current Principal Place of Business:

5040 TAMIAMI TRAIL E.

SUITE A

NAPLES, FL 34113

Current Mailing Address:

ATTN: LEGAL DEPARTMENT 17000 RED HILL AVENUE

IRVINE, CA 92614

FEI Number: 87-2577386 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 N. CALHOUN ST.

STE 4

Address

TALLAHASSEE, FL 32301 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

FILED Apr 29, 2024

Secretary of State

8778331266CC

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY Name ASHLEY PEREZ, NICOLE Name PHAM, MINH B.

Address ATTN: LEGAL DEPARTMENT

17000 RED HILL AVENUE

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Address ATTN: LEGAL DEPARTMENT 17000 RED HILL AVENUE

IRVINE CA 92614

City-State-Zip: City-State-Zip: IRVINE CA 92614

Title **TREASURER** Title **DIRECTOR**

Name GONZALEZ VIGON, MONICA Name ASHLEY PEREZ, NICOLE

Address ATTN: LEGAL DEPARTMENT Address ATTN: LEGAL DEPARTMENT

17000 RED HILL AVENUE 17000 RED HILL AVENUE

City-State-Zip: IRVINE CA 92614 City-State-Zip: IRVINE CA 92614

Title DIRECTOR Title DIRECTOR

HUSSAIN, FARYAL ALVAREZ SANCHEZ, YULISSA Name Name

Address ATTN: LEGAL DEPARTMENT Address ATTN: LEGAL DEPARTMENT

17000 RED HILL AVENUE 17000 RED HILL AVENUE

City-State-Zip: IRVINE CA 92614 City-State-Zip: IRVINE CA 92614

DIRECTOR Title Title DIRECTOR

Name PHAM. MINH B. Name GONZALEZ VIGON, MONICA

> 17000 RED HILL AVENUE 17000 RED HILL AVENUE

Address

ATTN: LEGAL DEPARTMENT

IRVINE CA 92614 IRVINE CA 92614 City-State-Zip: City-State-Zip:

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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: NICOLE ASHLEY PEREZ

PRESIDENT

04/29/2024

Officer/Director Detail Continued:

Title DIRECTOR

NameGHAZAL, CAROLYNAddress17000 RED HILL AVE.City-State-Zip:IRVINE CA 92614