

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 22, 2022
Secretary of State
7271382882CC

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:

UNISEARCH, INC
1990 MAIN STREET, SUITE 750-709
SARASOTA, FL 34236 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 PRESIDENT
Name ASHLEY PEREZ, NICOLE
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

Title SECRETARY
Name MCCANN LEE, KATIE
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

Title TREASURER
Name PHAM, MINH B.
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name ASHLEY PEREZ, NICOLE
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name HUSSAIN, FARYAL
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name ALVAREZ SANCHEZ, YULISSA
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name PHAM, MINH B.
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name MCCANN LEE, KATIE
Address ATTN: LEGAL DEPARTMENT
 17000 RED HILL AVENUE
City-State-Zip: IRVINE CA 92614

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, D.M.D.

PRESIDENT

03/22/2022

Electronic Signature of Signing Officer/Director Detail

Date