2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2020
Secretary of State
7732720524CC

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Entity Name: NORTH POINTE DENTAL CENTER, P.A.

Current Principal Place of Business:

16251 N. CLEVELAND AVE.
SUITE 11
NORTH FORT MYERS, FL 33903

Current Mailing Address:

16251 N. CLEVELAND AVE.
SUITE 11
NORTH FORT MYERS, FL 33903

FEI Number: 65-0715247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PFENT, DAVID JII
16251 N. CLEVELAND AVE.
SUITE 11
NORTH FORT MYERS, FL 33903 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	DR.
Name	PFENT, DAVID JII
Address	16251 N. CLEVELAND AVE.
City-State-Zip:	NORTH FORT MYERS FL 33903

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: DR. DAVID J PFENT II PRESIDENT 06/23/2020

Electronic Signature of Signing Officer/Director Detail — Date