### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027461

Entity Name: DENTAL CENTER AT FOREST HILLS, P.A.

**FILED** Apr 03, 2017 **Secretary of State** CC1412149563

### **Current Principal Place of Business:**

3027 FOREST HILLS BLVD #A-3

W PALM BCH, FL 33406

## **Current Mailing Address:**

6240 LAKE OSPREY DR. SARASOTA, FL 34240 US

FEI Number: 65-0743582 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DR. SARASOTA, FL 34240 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: RUSSELL ALLEN 04/03/2017

> Date Electronic Signature of Registered Agent

### Officer/Director Detail:

**DIRECTOR** Title

CARDOUNEL. ALEX Name

Address 13195 SW 134TH STREET 2ND FLOOR

City-State-Zip: MIAMI FL 33186

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: ALEX CARDOUNEL **DIRECTOR** Electronic Signature of Signing Officer/Director Detail

04/03/2017 Date