SIGNATURE: ALAIN POULERIGUEN

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081273

Entity Name: DEERFIELD FAMILY DENTAL, INC.

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

100 SOUTH MILITARY TRAIL 4 DEERFIELD BEACH, FL 33442

### **Current Mailing Address:**

**100 SOUTH MILITARY TRAIL** 4 DEERFIELD BEACH, FL 33442

### FEI Number: 65-0782230

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

POULERIGUEN, ALAIN 100 SOUTH MILITARY TRAIL 4 DEERFIELD BEACH, FL 33442 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:

# **Officer/Director Detail :**

Title	Р	Title	VP
Name	POULERIGUEN, ALAIN	Name	FESTA, ANTONIO
Address	100 SOUTH MILITARY TRAIL	Address	100 SOUTH MILITARY TRAIL
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442

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

Certificate of Status Desired: No

03/09/2019 PRESIDENT

Date

Date

FILED Mar 09, 2019 Secretary of State 2233798835CC