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.

DIRECTOR

SIGNATURE: LORI ALLISON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P98000060070

Entity Name: SAGE DENTAL OF NORTH MIAMI BEACH, P.A.

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487

Current Mailing Address:

951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487 US

FEI Number: 65-0847868

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION, FL 33324 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	: LORI ALLISON		04/14/2021
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT	Title	OTHER
Name	ROARK, CINDY	Name	SAGE DENTAL GROUD OF FLORIDA, PLLC
Address	951 BROKEN SOUND PARKWAY SUITE 250	Address	951 BROKEN SOUND PARKWAY SUITE 250
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

Certificate of Status Desired: Yes

04/14/2021

Date

FILED Apr 14, 2021 Secretary of State 1329385925CC