

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S12251

**Entity Name:** ATLANTIC FLORIDA DENTAL, INC.

**Current Principal Place of Business:**

250 E. DANIA BEACH BLVD.  
DANIA BEACH, FL 33004

**Current Mailing Address:**

250 E. DANIA BEACH BLVD.  
DANIA BEACH, FL 33004 US

**FEI Number:** 65-0233627

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RYAN, ARCHIE JIII  
700 EAST DANIA BEACH BLVD.  
THIRD FLOOR  
DANIA BEACH, FL 33004 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:** ARCHIE J RYAN III

01/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHOPLER, THOMAS ADR  
Address 250 E. DANIA BEACH BLVD.  
City-State-Zip: DANIA BEACH FL 33004

Title S  
Name SCHOPLER, THERESA E  
Address 1118 N. NORTHLAKE DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

*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 THOMAS A SCHOPLER

PRESIDENT

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date