

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001642

Entity Name: ASPEN DENTAL MANAGEMENT, INC.

Current Principal Place of Business:

281 SANDERS CREEK PARKWAY
EAST SYRACUSE, NY 13057

Current Mailing Address:

281 SANDERS CREEK PARKWAY
EAST SYRACUSE, NY 13057

FEI Number: 22-3635491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO, DIRECTOR
Name FONTANA, ROBERT A
Address 281 SANDERS CREEK PARKWAY
City-State-Zip: EAST SYRACUSE NY 13057

Title CFO, DIRECTOR
Name LEWIS, GEOFFREY F
Address 281 SANDERS CREEK PARKWAY
City-State-Zip: EAST SYRACUSE NY 13057

Title CHIEF CLINICAL OFFICER
Name JUDGE, ARWINDER
Address 281 SANDERS CREEK PARKWAY
City-State-Zip: EAST SYRACUSE NY 13057

Title SENIOR VICE PRESIDENT,
OPERATIONS
Name NORTH, TIMOTHY
Address 281 SANDERS CREEK PARKWAY
City-State-Zip: EAST SYRACUSE NY 13057

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: GEOFFREY LEWIS

**CHIEF FINANCIAL
OFFICER**

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date