

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004221

Entity Name: CONVERGENT DENTAL, INC.**Current Principal Place of Business:**140 KENDRICK STREET C3
NEEDHAM, MA 02494**Current Mailing Address:**140 KENDRICK STREET C3
NEEDHAM, MA 02494**FEI Number:** 27-5342332**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 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	PD
Name	CATALDO, MICHAEL
Address	2 VISION DRIVE
City-State-Zip:	NATICK MA 01760

Title	T
Name	COLLINS, MARK
Address	2 VISION DRIVE
City-State-Zip:	NATICK MA 01760

Title	DIRECTOR
Name	COWEN, WILLIAM
Address	140 KENDRICK STREET C3
City-State-Zip:	NEEDHAM MA 02494

Title	DIRECTOR
Name	HEDGE, LEONARD
Address	140 KENDRICK STREET C3
City-State-Zip:	NEEDHAM MA 02494

Title	DIRECTOR
Name	DOEDENS, BART
Address	140 KENDRICK STREET C3
City-State-Zip:	NEEDHAM MA 02494

Title	DIRECTOR
Name	GUND, GRANT
Address	140 KENDRICK STREET C3
City-State-Zip:	NEEDHAM MA 02494

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: MARK COLLINS**CFO****02/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date