

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004221

Entity Name: CONVERGENT DENTAL, INC.**Current Principal Place of Business:**100 FIFTH AVENUE
SUITE 1010
WALTHAM, MA 02451**Current Mailing Address:**100 FIFTH AVENUE
SUITE 1010
WALTHAM, MA 02451 US**FEI Number:** 27-5342332**Certificate of Status Desired:** No**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 CEO
Name GERSHON, ROBERT
Address 100 FIFTH AVENUE
SUITE 1010
City-State-Zip: WALTHAM MA 02451

Title SECRETARY
Name COLLINS, MARK
Address 100 FIFTH AVENUE
SUITE 1010
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name COWEN, WILLIAM
Address 100 FIFTH AVENUE
SUITE 1010
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name HEDGE, LEONARD
Address 100 FIFTH AVENUE
SUITE 1010
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name DOEDENS, BART
Address 100 FIFTH AVENUE
SUITE 1010
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name GUND, GRANT
Address 100 FIFTH AVENUE
SUITE 1010
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name PETERSON, TIMOTHY
Address 100 FIFTH AVENUE
SUITE 1010
City-State-Zip: WALTHAM MA 02451

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

SECRETARY

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date