

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004585

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**3970283127CC**

**Entity Name:** DENTAL LIFELINE NETWORK - FLORIDA, INC.

**Current Principal Place of Business:**

1800 15TH STREET, SUITE 100  
DENVER, CO 80202

**Current Mailing Address:**

1800 15TH STREET, SUITE 100  
DENVER, CO 80202

**FEI Number:** 84-1533654

**Certificate of Status Desired:** No

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

SABATES, CESAR DDS  
747 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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 OFFICER  
Name SABATES, CESAR DDS  
Address 747 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name EGGNATZ, MICHAEL  
Address 17190 PALM BLVD, SUITE 4  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name GESEK, JR., DANIEL  
Address 2047 PARK STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title OTHER  
Name MELODYE, WHELAN M  
Address 1800 15TH STREET, SUITE 100  
City-State-Zip: DENVER CO 80202

Title VP  
Name GARCIA, GEORGINA  
Address 407 LINCOLN RD., STE. 8A  
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY  
Name OTTLEY, JEFF  
Address 5908 BERRYHILL RD  
City-State-Zip: MILTON FL 32570

Title DIRECTOR  
Name BUCKENHEIMER, TERRY  
Address 3906 WEST NEPTUNE STREET  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name GRASSIN, FRED  
Address 2157 LITTLE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34655

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELODYE WHELAN

VP FINANCE

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PRANIKOFF, HOWARD L  
Address 49 RIVER RIDGE TRAIL  
City-State-Zip: ORMOND BEACH FL 32174-4342

Title DIRECTOR  
Name TILLERY, JR., DON  
Address 800 W MORSE BLVD #2  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name KARA, CRAIG  
Address 1433 SOUTH PATRICK DRIVE  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937