

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004585

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

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

Title DIRECTOR
Name ATTANASI, RALPH
Address 6290 LINTON BLVD., STE 104
City-State-Zip: DELRAY BEACH FL 33484

Title OTHER
Name KAREN, HOLSTEIN A
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

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: KAREN A HOLSTEIN

VP FINANCE

06/10/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date