

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

EGGNATZ, MICHAEL DDS
17190 ROYAL PALM BLVD., SUITE #4
WESTON, FL 33326 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: MICHAEL EGGNATZ

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name GESEK, JR., DANIEL DMD
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 DMD, PA
Address 407 LINCOLN RD., STE. 8A
City-State-Zip: MIAMI BEACH FL 33139

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

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

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

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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

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name YARRISON, JOHN
Address 32 DIAL AVENUE
City-State-Zip: DEBARY FL 32713

Title DIRECTOR
Name PAUL, JOHN DMD
Address 1645 LAKELAND HILLS BLVD, SUITE 1
City-State-Zip: LAKELAND FL 33805