**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 10, 2025**
**Secretary of State**
**0822427228CC**

DOCUMENT# P09000049496

**Entity Name:** OPTIMAL DENTAL CARE, INC.

**Current Principal Place of Business:**

5435 KINGS MONT CT
LAKELAND, FL 33813

**Current Mailing Address:**

5435 KINGS MONT CT
LAKELAND, FL 33813

**FEI Number: 27-0334848**

**Certificate of Status Desired:** No

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

MAGAZINE, JOANNA
5435 KINGS MONT CT
LAKELAND, FL 33813 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 | MAGAZINE, JOANNA |
| Address | 5435 KINGS MONT CT |
| City-State-Zip: | LAKELAND FL 33813 |

*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: JOANNA MAGAZINE PRESIDENT 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date