

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000017242

Entity Name: HEALTHPLEX DENTAL SERVICES, INC.**Current Principal Place of Business:**333 EARLE OVINGTON BLVD,
SUITE 300
UNIONDALE, NY 11553-3608**Current Mailing Address:**333 EARLE OVINGTON BLVD,
SUITE 300
UNIONDALE, NY 11553-3608 US**FEI Number:** 45-2548158**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERSTATE DOCUMENT FILINGS INCORPORATED
1540 GLENWAY DRIVE
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	DIRECTOR, CO-CEO
Name	CUCHEL, STEPHEN J DR.
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	CFO, SECRETARY
Name	VIGNOLA, VALERIE
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	DIRECTOR, TREASURER, VP
Name	KANE, GEORGE DR.
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	DIRECTOR, VP
Name	RIZZUTO, PHILIP J
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	COO, DIRECTOR
Name	SCHMIDT, CHRISTOPHER
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	PRESIDENT, CO-CEO, DIRECTOR
Name	ZELKIND, SHARON
Address	333 EARLE OVINGTON BLVD. SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

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: VALERIE VIGNOLA

CFO

04/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date