2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2021
Secretary of State
0665671782CC

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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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CFO, DIRECTOR
Name	BEDARD, JAMES FRANCIS
Address	333 EARLE OVINGTON BLVD, SUITE 300 SUITE 300
City-State-Zip:	UNIONDALE NY 11553

Title	SECRETARY
Name	GALIMI, GAVIN GUY
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	ASST. SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	CEO, DIRECTOR
Name	WIFFLER, THOMAS PATRICK
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	333 EARLE OVINGTON BLVD, SUITE 300
City-State-Zip:	UNIONDALE NY 11553-3608

Title	VP
Name	COTTINGTON, NYLE BRENT
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: GAVIN GUY GALIMI SECRETARY 04/29/2021

Electronic Signature of Signing Officer/Director Detail — Date