2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2022
Secretary of State
9854158922CC

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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	DIRECTOR
Name	BEDARD, JAMES FRANCIS
Address	185 ASYLUM STREET, CITY PLACE I
City-State-Zip:	HARTFORD CT 06103

Title	SECRETARY
Name	BRODY, MICHAEL CHARLES
Address	680 BLAIR MILL RD
City-State-Zip:	HORSHAM PA 19044

Title	ASST. SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MIINETONKA MN 55343

Title	DIRECTOR
Name	WIFFLER, THOMAS PATRICK
Address	200 EAST RANDOLPH STREET SUITE 5300
City-State-Zip:	CHICAGO IL 60601

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	VP
Name	COTTINGTON, NYLE BRENT
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

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: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 04/22/2022

Electronic Signature of Signing Officer/Director Detail — Date