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: HARVEY BARBAG, DMD

Electronic Signature of Signing Officer/Director Detail

Entity Name: HARVEY J. BARBAG, DMD, PA

Current Principal Place of Business:

9172 GLADES ROAD BOCA RATON. FL 33434

Current Mailing Address:

9172 GLADES ROAD BOCA RATON. FL 33434 US

FEI Number: 59-2317041

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BARBAG, HARVEY J 9172 GLADES ROAD BOCA RATON, FL 33434 US

Date

Certificate of Status Desired: No

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:

Officer/Director Detail :			
Title	P/VP	Title	S/T
Name	BARBAG, HARVEY J	Name	BARBAG, CANDY
Address	21478 SWEETWATER LANE SO	Address	21478 SWEETWATER LANE SO
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428

PRESIDENT

01/23/2022