

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000006750

Entity Name: CENTER FOR COMPLETE DENTISTRY INC

Current Principal Place of Business:

1920 EAST HALLANDALE BEACH BOULEVARD S.
800
HALLANDALE BEACH, FL 33009

Current Mailing Address:

17501 BISCAYNE BLVD
SUITE 600
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 46-1841864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARG, ARUN
17501 BISCAYNE BLVD
SUITE 600
NORTH MIAMI BEACH, FL 33160 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 GARG, ARUN
Address 17501 BISCAYNE BLVD
SUITE 600
City-State-Zip: NORTH MIAMI BEACH FL 33160

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: ARUN GARG

PRES

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date