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.

VP

SIGNATURE: LOUIS J CERA

SIGNATURE:

### **Officer/Director Detail :**

Title	Ρ	Title	Р
Name	CERA, CHRISTINE M	Name	CERA, LOUIS J
Address	12817 SE PINEHURST CT	Address	12817 SE PINEHURST CT
City-State-Zip:	HOBE SOUND FL 33455	City-State-Zip:	HOBE SOUND FL 33455

DOCUMENT# P13000070811

Entity Name: DENTAL ASSISTING ACADEMY OF THE PALM BEACHES, INC.

# **Current Principal Place of Business:**

901 NORTHPOINT PKWY STE 102 WEST PALM BEACH, FL 33407

# **Current Mailing Address:**

12817 SE PINEHURST CT HOBE SOUND, FL 33455 US

## FEI Number: 46-3592727

### Name and Address of Current Registered Agent:

GUEST, JAMES 759 SE FEDERAL HWY **STE 103** STUART, FL 34994 US

Electronic Signature of Registered Agent

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.

Electronic Signature of Signing Officer/Director Detail

Secretary of State 6906188924CC

Date

FILED Mar 09, 2022

Certificate of Status Desired: No