

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000063667

Entity Name: WEST SUNRISE DENTISTRY, PA**Current Principal Place of Business:**9310 W COMMERCIAL BLVD
SUNRISE, FL 33351**Current Mailing Address:**17000 RED HILL AVE
ATTN: LEGAL DEPT
IRVINE, CA 92614 US**FEI Number:** 47-4698313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNISEARCH, INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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:** SHAWN LINAN

04/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GOLDEN, JOSHUA N.
Address 17000 RED HILL AVE
 ATTN: LEGAL DEPT
City-State-Zip: IRVINE CA 92614

Title SECRETARY
Name MCCANN LEE, KATIE
Address 17000 RED HILL AVE
 ATTN: LEGAL DEPT
City-State-Zip: IRVINE CA 92614

Title CFO
Name PHAM, MINH B
Address 17000 RED HILL AVE
 ATTN: LEGAL DEPT
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name MCCANN LEE, KATIE L.
Address 17000 RED HILL AVE
 ATTN: LEGAL DEPT
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name PHAM, MINH B
Address 17000 RED HILL AVE
 ATTN: LEGAL DEPT
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name GOLDEN, JOSHUA N.
Address ATTN:LEGAL DEPARTMENT
 17000 RED HILL AVE
City-State-Zip: IRVINE CA 92614

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: JOSHUA N. GOLDEN, D.D.S.

PRESIDENT

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date