

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000000525

**Entity Name:** WINDERMERE DENTAL CENTER INC

**Current Principal Place of Business:**

401 MAIN ST  
SUITE A  
WINDERMERE, FL 34786

**Current Mailing Address:**

2813 S HIAWASSEE ROAD  
SUITE 104  
ORLANDO, FL 32835

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

INTERNATIONAL PROFESSIONAL SERVICES CORP  
2813 S HIAWASSEE ROAD  
SUITE 104  
ORLANDO, FL 32835 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 MCKISSOCK, MATTHEW D  
Address 7105 HORIZON CIRCLE  
City-State-Zip: WINDERMERE FL 34786

Title VP  
Name THAKKAR, RUPALBEN P  
Address 9833 LAKE LOUISE DRIVE  
City-State-Zip: WINDERMERE FL 34786

*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:** MATTHEW MCKISSOCK

**PRES**

**04/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date