

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000027990

Entity Name: LAKE MARY MODERN DENTISTRY, P.A.**Current Principal Place of Business:**3779 LAKE EMMA ROAD
LAKE MARY, FL 32746**Current Mailing Address:**ATTN: LEGAL DEPT.
17000 RED HILL AVENUE
IRVINE, CA 92614**FEI Number:** 82-1004607**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HAMEEDI, IMRAN A.
Address	ATTN: LEGAL DEPT. 17000 RED HILL AVENUE
City-State-Zip:	IRVINE CA 92614

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

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

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

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

Title	DIRECTOR
Name	HAMEEDI, IMRAN A.
Address	ATTN: LEGAL DEPT. 17000 RED HILL AVENUE
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: IMRAN A. HAMEEDI, D.M.D.**PRESIDENT****04/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date