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 i

Electronic Signature of Signing Officer/Director Detail

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: CHRISTOPHER KATES	CEO	01/19/2020

DOCUMENT# P17000066086

Entity Name: JUPITER FAMILY DENTAL, PA

Current Principal Place of Business:

6779 W. INDIANTOWN RD. SUITE 17 JUPITER, FL 33458

Current Mailing Address:

104 SANTIAGO DR. JUPITER, FL 33458

FEI Number: 82-2456754

Name and Address of Current Registered Agent:

KATES, CHRISTOPHER L 104 SANTIAGO DR. JUPITER, FL 33458 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

Officer/Director Detail :

Title	CEO	Title	S
Name	KATES, CHRISTOPHER L	Name	KATES, ANGELA
Address	104 SANTIAGO DR.	Address	104 SANTIAGO DR.
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458

FILED Jan 19, 2020 Secretary of State 0305080644CC

Date

Certificate of Status Desired: No

Date