

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000003516

Entity Name: DENTISTS OF MELBOURNE, PA**Current Principal Place of Business:**6455 N WICKHAM RD STE 300
MELBOURNE, FL 32940**Current Mailing Address:**17000 RED HILL AVE
IRVINE, CA 92614**FEI Number:** 82-4030927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNISEARCH, INC.
155 OFFICE PLAZA DR
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	PHAM, MINH B.
Address	ATTN:LEGAL DEPARTMENT 17000 RED HILL AVE
City-State-Zip:	IRVINE CA 92614

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

Title	CFO
Name	GHAZAL, CAROLYN G.
Address	ATTN:LEGAL DEPARTMENT 17000 RED HILL AVE
City-State-Zip:	IRVINE CA 92614

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

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

Title	DIRECTOR
Name	GHAZAL, CAROLYN G.
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: MINH B. PHAM**PRESIDENT****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date