

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000066036

**Entity Name:** PORT ORANGE MODERN DENTISTRY, PA.

**Current Principal Place of Business:**

1765 DUNLAWTON AVE STE 103  
PORT ORANGE, FL 32129

**Current Mailing Address:**

17000 RED HILL AVE  
IRVINE, CA 92614

**FEI Number: 83-1670256**

**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  
Address        ATTN:LEGAL DEPARTMENT  
                  17000 RED HILL AVE  
City-State-Zip: IRVINE CA 92614

Title            CFO  
Name            PHAM, MINH B.  
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

*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, D.D.S.**

**PRESIDENT**

**03/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date