

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000066038

Entity Name: DENTISTS AT WESTCHASE, PA**Current Principal Place of Business:**10427 SHELDON RD
TAMPA, FL 33626**Current Mailing Address:**17000 RED HILL AVE
IRVINE, CA 92614 US**FEI Number: 83-1669741****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNISEARCH, INC.
1990 MAIN STREET, STE 750-709
SARASOTA, FL 34236 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 BUTTON, NICHOLAS RAY
Address ATTN:LEGAL DEPARTMENT
 17000 RED HILL AVE
City-State-Zip: IRVINE CA 92614

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

Title CFO
Name AZADI, ANTHONY A.
Address ATTN:LEGAL DEPARTMENT
 17000 RED HILL AVE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name AZADI, ANTHONY A.
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 BUTTON, NICHOLAS RAY
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: NICHOLAS R. BUTTON, D.D.S.**PRESIDENT****04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date