

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000008175

**Entity Name:** GROUP DENTAL OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

2260 PALM BEACH LAKES BLVD  
STE 201  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2260 PALM BEACH LAKES BLVD  
STE 201  
WEST PALM BEACH, FL 33409

**FEI Number:** 65-0626008

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, JOHN P  
2260 PALM BEACH LAKES BLVD  
STE 201  
WEST PALM BEACH, FL 33409 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 PS  
Name CORE, ENRICO  
Address 65 SE 5TH AVENUE APT O  
City-State-Zip: DELRAY BEACH FL 33483

Title VPT  
Name BROWN, JOHN P.  
Address 1845 PARKSIDE CIR. S.  
City-State-Zip: BOCA RATON FL 33486

*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:** JOHN P. BROWN

VP

03/10/2025

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

\_\_\_\_\_  
Date