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.

VP

#### SIGNATURE: JOHN P. BROWN

Electronic Signature of Signing Officer/Director Detail

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P9600008175

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

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

Electronic Signature of 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:

# Officer/Director Detail -

Officer/Director Detail :				
Title	PS	Title	VPT	
Name	CORE, ENRICO	Name	BROWN, JOHN P.	
Address	65 SE 5TH AVENUE APT O	Address	1845 PARKSIDE CIR. S.	
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	BOCA RATON FL 33486	

Certificate of Status Desired: No

FILED Mar 21, 2016 Secretary of State CC8246215523

> 03/21/2016 Date

Date