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

Electronic Signature of Signing Officer/Director Detail

2024 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:

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

Electronic Signature of Registered Agent

03/21/2024 VP

Date

Certificate of Status Desired: No

FILED Mar 21, 2024 Secretary of State 2468696223CC

Date