

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002929

**Entity Name:** JENSEN DENTAL, INC.

**Current Principal Place of Business:**

50 STILLMAN ROAD  
NORTH HAVEN, CT 06473

**Current Mailing Address:**

50 STILLMAN ROAD  
NORTH HAVEN, CT 06473

**FEI Number: 06-0939472**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 P  
Name STINE, DAVID J  
Address 50 STILLMAN ROAD  
City-State-Zip: NORTH HAVEN CT 06473

Title S  
Name KUPEC, GINA  
Address 50 STILLMAN ROAD  
City-State-Zip: NORTH HAVEN CT 06473

Title T  
Name SCHITTINA, ANTHONY  
Address 50 STILLMAN ROAD  
City-State-Zip: NORTH HAVEN CT 06473

*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: GINA KUPEC**

**CORPORATE  
SECRETARY**

**04/29/2019**

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

\_\_\_\_\_  
Date