No. C 206678		Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. CONVERGENT DENTAL, INC. DAN CIARAMITARO 140 KENDRICK ST BLDG C3		2. Registered A	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				921 S ORCH BOISE ID 8				
NO FILING FEE IF RECEIVED BY DUE DATE		NEEDHAM MA 02494						
2000 00 00		ess Addresses of Pre	sident, Secretary, and Directors. Treasure					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	MICHAEL CATALDO MARK COLLINS		140 KENDRICK STREET BLDG C3 14 BLDG C3	NEEDHAM NEEDHAM	MA MA		02494 02494	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Mark Collins			Date: 08/14/2018			
C 206678		Name (type or pr		Title: Secretary				
Processed 08/14/2018 * Electronically provided signatures are accepted as original signatures.								