AMENDED ANNUAL REPORT

Corporation Division
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E-FILED
Apr 06, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

1527191

REGISTRATION DATE

04/12/2001

BUSINESS NAME

BRIAN T. WORK, DMD, PC

BUSINESS ACTIVITY

DENTAL PRACTICE

MAILING ADDRESS

1045 WILLAGILLESPIE RD #225
EUGENE OR 97401 USA

TYPE

DOMESTIC PROFESSIONAL CORPORATION

PRIMARY PLACE OF BUSINESS

1045 WILLAGILLESPIE RD #225
EUGENE OR 97401 USA

JURISDICTION

OREGON

REGISTERED AGENT

BRIAN T WORK

1045 WILLAGILLESPIE RD #225
EUGENE OR 97401 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

BRIAN T WORK

1045 WILLAGILLESPIE RD #225
EUGENE OR 97401 USA

SECRETARY

BRIAN T WORK

1045 WILLAGILLESPIE RD #225
EUGENE OR 97401 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

BRIAN T WORK DMD PC

TITLE

PRESIDENT

DATE SIGNED

04-06-2020