

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 7959
Amended Confirmation Number: 7952

Employer Information

Name: DIVERGENT DENTAL MANAGEMENT, LLC
Address: 1861 PLACIDA RD., SUITE 105
City: ENGLEWOOD
State: FL
Zip Code: 34223

Plan Administrator Information

Name: DIVERGENT DENTAL MANAGEMENT, LLC
Address: 1861 PLACIDA RD., SUITE 105
City: ENGLEWOOD
State: FL
Zip Code: 34223
Phone: 8133006547
Email: adolfo.carriles@divedental.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1 Plan Name: Divergent Dental Deferred Compensation Plan Number of Employees: 10

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 7959. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.