

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000877

Entity Name: AMERICAN DENTAL CARE PARTNERS, LTD

Current Principal Place of Business:

11211 KATY FREEWAY
209
HOUSTON, TX 77079

Current Mailing Address:

11211 KATY FREEWAY
209
HOUSTON, TX 77079

FEI Number: 20-1949000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSILLO, FRANK
8600 NW 53 TERRACE STE 201
MIAMI, FL 33166 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

General Partner Detail :

Document #

Name MAZZINI, MICHAEL

Address 11221 KATY FREEWAY

City-State-Zip: HOUSTON TX 77079

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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL C. MAZZINI

PRESIDENT

03/19/2014

Electronic Signature of Signing General Partner Detail

Date