

**2013 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 MAZZINI

**PRESIDENT**

**03/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date