

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060070

Entity Name: SAGE DENTAL OF NORTH MIAMI BEACH, P.A.

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON, FL 33487

Current Mailing Address:

951 BROKEN SOUND PARKWAY
#250
BOCA RATON, FL 33487 US

FEI Number: 65-0847868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERSON, GARY N ESQ.
3001 PGA BLVD
SUITE 305
PALM BEACH GARDENS, FL 33410 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: GARY N GERSON

01/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title: MANAGER
Name: MONTILLA, MIGUEL DR.
Address: 951 BROKEN SOUND PARKWAY
SUITE 250
City-State-Zip: BOCA RATON FL 33487

Title: PRESIDENT, SECRETARY, MANAGER
Name: CRUZ, ANTONIO DR.
Address: 951 BROKEN SOUND PARKWAY
SUITE 250
City-State-Zip: BOCA RATON FL 33487

Title: AUTHORIZED MEMBER
Name: SAGE DENTAL GROUP OF FLORIDA,
PLLC
Address: 951 BROKEN SOUND PARKWAY
SUITE 250
City-State-Zip: BOCA RATON FL 33487

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAGE DENTAL GROUP OF FLORIDA, PLLC

MEMBER

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date