2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065188

Entity Name: ORAL APPLIANCE THERAPY, L.L.C.

FILED
Apr 25, 2017
Secretary of State
CC7496147487

Current Principal Place of Business:

901 NORTHPOINT PARKWAY

SUITE 111

WEST PALM BEACH, FL 33407

Current Mailing Address:

901 NORTHPOINT PARKWAY SUITE 111 WEST PALM BEACH, FL 33407 US

FEI Number: 20-1774897 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, DOUGLAS 901 NORTHPOINT PARKWAY SUITE 111 WEST PALM BEACH, FL 33407 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

Authorized Person(s) Detail:

Title MGRM

Name PHILLIPS, DOUGLAS JJR
Address 901 NORTHPOINT PARKWAY

SUITE 111

City-State-Zip: WEST PALM BEACH FL 33407

SIGNATURE: DOUGLAS J PHILLIPS JR

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

04/25/2017

Date