

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065188

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

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

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.

SIGNATURE: DOUGLAS PHILLIPS JR

MGMR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date