

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037194

**Entity Name:** CATHOLIC DENTISTRY OF CORAL SPRINGS, LLC

**Current Principal Place of Business:**

174 SEVILLE LN  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

174 SEVILLE LN  
DELRAY BEACH, FL 33446 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUEIJA, JORGE  
5551 N UNIVERSITY DR  
SUITE 101-A  
CORAL SPRINGS, FL 33067 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:** JORGE QUEIJA

04/30/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name QUEIJA, IVAN  
Address 3200 RIVERSIDE DR  
202  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name QUEIJA, JORGE  
Address 5551 N UNIVERSITY DR # 101-A  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** JORGE QUEIJA

MGR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date