

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000060028

**Entity Name:** CHACE DENTAL, PL

**Current Principal Place of Business:**

4479 N. HARBOR CITY BLVD  
MELBOURNE, FL 32935

**Current Mailing Address:**

4479 N. HARBOR CITY BLVD  
MELBOURNE, FL 32935 US

**FEI Number:** 20-5025337

**Certificate of Status Desired:** No

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

CHACE, JENNIFER BDMD  
4479 N. HARBOR CITY BLVD  
MELBOURNE, FL 32935 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 DMD  
Name CHACE, JENNIFER BDMD  
Address 4479 N. HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32935

Title DMD  
Name CHACE, GREGORY R DR.  
Address 4479 N. HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32935

*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:** GREGORY R. CHACE

DMD

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date