

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123050

Entity Name: PALM BEACH PROSTHODONTICS, LLC

Current Principal Place of Business:

1401 FORUM WAY
SUITE 800
WEST PALM BEACH, FL 33407

Current Mailing Address:

1401 FORUM WAY
SUITE 800
WEST PALM BEACH, FL 33407

FEI Number: 59-1857489

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD. SUITE 1200
WEST PALM BEACH, FL 33401 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 DR
Name KAY, HOWARD B DR
Address 1401 FORUM WAY SUITE 800
City-State-Zip: WEST PALM BEACH FL 33401

Title DR
Name KEOUGH, BERNARD E DR.
Address 1401 FORUM WAY SUITE 800
City-State-Zip: WEST PALM BEACH FL 33401

Title DR
Name SANTAMARINA, MIGUEL J DR
Address 1401 FORUM WAY SUITE 800
City-State-Zip: WEST PALM BEACH FL 33401

Title DR.
Name SALCEDO, JAIRO DR.
Address 1401 FORUM WAY SUITE 800
City-State-Zip: WEST PALM BEACH FL 33401

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: HOWARD B. KAY DDS

DR

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date