

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106363

**Entity Name:** INNOVATION DENTISTRY, P.L.

**Current Principal Place of Business:**

9145 NARCOOSSEE RD.  
SUITE A-100  
ORLANDO, FL 32827

**Current Mailing Address:**

10344 WOODWARD WINDS DR  
ORLANDO, FL 32827 US

**FEI Number:** 39-2067055

**Certificate of Status Desired:** No

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

RAMIREZ, SHEILA YDMD  
10344 WOODWARD WINDS DR  
ORLANDO, FL 32827 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 PRES  
Name MELENDEZ, CARLOS H DR.  
Address 10344 WOODWARD WINDS DR  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name RAMIREZ, SHEILA Y DR.  
Address 10344 WOODWARD WINDS DR  
City-State-Zip: ORLANDO FL 32827

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEILA Y RAMIREZ

DMD

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date