

**2014 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	Title	VP
Name	MELENDEZ, CARLOS H DR.	Name	RAMIREZ, SHEILA Y DR.
Address	10344 WOODWARD WINDS DR	Address	10344 WOODWARD WINDS DR
City-State-Zip:	ORLANDO FL 32827	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEILA Y. RAMIREZ

DMD - VP

04/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date