2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2016
Secretary of State
CC8730028255

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Entity Name: INNOVATION DENTISTRY, P.L.

Current Principal Place of Business:

9145 NARCOOSSEE RD
SUITE A-100
ORLANDO, FL 32827

Current Mailing Address:

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

FEI Number: 39-2067055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, SHEILA YDMD
9145 NARCOOSSEE RD
SUITE A-100
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: SHEILA Y. RAMIREZ 02/03/2016

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	9145 NARCOOSSEE RD SUITE A-100	Address	9145 NARCOOSSEE RD SUITE A-100
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 02/03/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date