2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069003

Entity Name: SAGE DENTAL OF COCONUT CREEK, PLLC

FILED Feb 25, 2016 Secretary of State CC7448457624

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY

SUITE 250

BOCA RATON, FL 33487

Current Mailing Address:

951 BROKEN SOUND PARKWAY STE 250 BOCA RATON, FL 33487 US

FEI Number: 26-3005908 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GERSON, GARY N ESQ. 3001 PGA BLVD SUITE 305 PALM BEACH GARDENS. FL 33410 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: GARY N GERSON 02/25/2016

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title PRESIDENT, SECRETARY, MANAGER Title VP, TREASURER, MANAGER

Name ZIEGLER, NEAL B DR. Name CRUZ, ANTONIO DR.

Address 951 BROKEN SOUND PARKWAY Address 951 BROKEN SOUND PARKWAY

SUITE 250 SUITE 250

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED MEMBER

Name FLORIDA DENTAL HOLDINGS, PLLC
Address 951 BROKEN SOUND PARKWAY

Address 951 BROKEN SOUND PARKWAY SUITE 250

City-State-Zip: BOCA RATON FL 33487

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.