2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069003

Entity Name: SAGE DENTAL OF COCONUT CREEK, PLLC

FILED
Jan 27, 2018
Secretary of State
CC7568407753

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:

951 BROKEN SOUND PARKWAY

BOCA RATON FL 33487

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 01/27/2018

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title PRESIDENT, MANAGER, SECRETARY Title AUTHORIZED MEMBER

Name CRUZ, ANTONIO DR. Name SAGE DENTAL GROUP OF FLORIDA,

PLLC

SUITE 250 Address 951 BROKEN SOUND PARKWAY

SUITE 250

City-State-Zip: BOCA RATON FL 33487

Title MANAGER

Address

City-State-Zip:

Name MONTILLA, MIGUEL DR.

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.

SIGNATURE: LORI ALLISON DIRECTOR 01/27/2018