

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069003

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**4394359571CC**

**Entity Name:** SAGE DENTAL OF COCONUT CREEK, PLLC

**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:** No

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

PERRONE, CYNTHIA M  
951 BROKEN SOUND PKWY  
SUITE 250  
BOCA RATON, FL 33487 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:** CYNTHIA M PERRONE

02/18/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGER, SECRETARY  
Name            ROARK, CINDY DMD  
Address        951 BROKEN SOUND PARKWAY  
                  SUITE 250  
City-State-Zip: BOCA RATON FL 33487

Title            AUTHORIZED MEMBER  
Name            SAGE DENTAL GROUP OF FLORIDA,  
                  PLLC  
Address        951 BROKEN SOUND PARKWAY  
                  SUITE 250  
City-State-Zip: BOCA RATON FL 33487

Title            MANAGER  
Name            CRUZ, ANTONIO DMD  
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:** CYNTHIA M PERRONE

**CHIEF COMPLIANCE AND    02/18/2019**  
**PRIVACY OFFICER**

Electronic Signature of Signing Authorized Person(s) Detail

Date