

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083765

Entity Name: AMERICAN DENTAL OF FLORIDA--MARGATE, LLC

Current Principal Place of Business:

1509 STATE ROAD 7 # H
MARGATE, FL 33063

Current Mailing Address:

1509 STATE ROAD 7 # H
MARGATE, FL 33063 US

FEI Number: 26-3291016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KERNS, JAMES
7219 NW 23RD ST
PEMBROKE PINES, FL 33024 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 MGRM
Name KERNS, JAMES
Address 7219 NW 23RD ST
City-State-Zip: PEMBROKE PINES FL 33024

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: JAMES KERNS

MGR

03/10/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date