

2013 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
2991 MYRTLE OAK CIRCLE
DAVIE, FL 33328 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 2991 MYRTLE OAK CIRCLE
City-State-Zip: DAVIE FL 33328

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES KERNS

MGR

03/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date