

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127458

Entity Name: DENTAL CARE GROUP OF PEMBROKE PINES, LLC

Current Principal Place of Business:

2797 N.E. 207TH STREET
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

2797 N.E. 207TH STREET
NORTH MIAMI BEACH, FL 33180

FEI Number: 27-5069407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARS, RICK D.D.S.
2797 N.E. 207TH STREET
NORTH MIAMI BEACH, FL 33180 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	MGR	Title	MGR
Name	GLICKSMAN, JOEL D.D.S.	Name	MARS, RICK D.D.S.
Address	2797 N.E. 207TH STREET	Address	2797 N.E. 207TH STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33180	City-State-Zip:	NORTH MIAMI BEACH FL 33180

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: RICK A. MARS, DDS

MANAGER

01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date