

2013 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
Name GLICKSMAN, JOEL D.D.S.
Address 2797 N.E. 207TH STREET
City-State-Zip: NORTH MIAMI BEACH FL 33180

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

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

Title MGR
Name MARS, RICK D.D.S.
Address 2797 N.E. 207TH STREET
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICK MARS

MGR

02/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date