

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127993

Entity Name: PREMIERE DENTAL CARE, PL

Current Principal Place of Business:

600 SOUTH DIXIE HIGHWAY
SUITE NO. 105
WEST PALM BEACH, FL 33401

Current Mailing Address:

600 SOUTH DIXIE HIGHWAY
SUITE NO. 105
WEST PALM BEACH, FL 33401

FEI Number: 27-4258449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOCHET, RANDALL ESQ.
4897 JOG ROAD
GREENACRES, FL 33467 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 SUNRISE DENTAL, PA
Address 313 NORTHEAST 211 TERRACE
City-State-Zip: MIAMI FL 33179

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: TIN WAI HUI

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date