# 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: JASON WITONSKY

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

04/23/2015 Date

## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000023918

Entity Name: POMPANO BEACH PERIODONTICS, PLLC

#### **Current Principal Place of Business:**

2231 NORTHEAST 25TH AVENUE SUITE 4 POMPANO BEACH, FL 33062

#### **Current Mailing Address:**

2231 NORTHEAST 25TH AVENUE SUITE 4 POMPANO BEACH, FL 33062 US

#### FEI Number: 27-5250306

### Name and Address of Current Registered Agent:

WITONSKY, JASON A 2231 NE 25TH AVE SUITE 4 POMPANO BEACH, FL 33062 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	: JASON WITONSKY		04/23/2015
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
	RANDY GOLDFARB, D.M.D., - POMPANO P.A.	Name	JASON A. WITONSKY, D.M.D., M.S., P.A
Address	951 NW 13TH STREET, SUITE 3A	Address	3271 HARRINGTON DRIVE
City-State-Zip:	BOCA RATON FL 33486	City-State-Zip:	BOCA RATON FL 33496

Certificate of Status Desired: Yes

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FILED Apr 23, 2015 Secretary of State CC3297117593

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