

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000027366

Entity Name: MTA DENTAL, LLC

Current Principal Place of Business:

6268 W SAMPLE ROAD
UNIT 401
CORAL SPRINGS, FL 33067

Current Mailing Address:

6268 W SAMPLE ROAD
UNIT 401
CORAL SPRINGS, FL 33067

FEI Number: 27-5337826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALPHA DENTAL PRACTICE
6268 W SAMPLE ROAD
UNIT 401
CORAL SPRINGS, FL 33067 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 ASSI, MAYA G
Address 6268 W SAMPLE ROAD, UNIT 401
City-State-Zip: CORAL SPRINGS FL 33067

Title MGRM
Name ASSI, TAREK
Address 6268 W SAMPLE ROAD , UNIT 401
City-State-Zip: CORAL SPRINGS FL 33067

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: TAREK ASSI

MANAGER

01/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date