

**2017 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

**OWNER**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date