that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:

Authorized Person(s) Detail :

Title	MGR
Name	GHETIYA, SANJAY
Address	3191 MAGUIRE BLVD SUITE 251
City-State-Zip:	ORLANDO FL 32803

Electronic Signature of Registered Agent

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ORLANDO FAMILY & COSMETIC DENTISTRY LLC

3191 MAGUIRE BLVD SUITE 251 ORLANDO, FL 32803

Current Mailing Address:

DOCUMENT# L11000048056

Current Principal Place of Business:

3191 MAGUIRE BLVD SUITE 251 ORLANDO, FL 32803 US

FEI Number: 45-1877865

Name and Address of Current Registered Agent:

GHETIYA, SANJAY 3191 MAGUIRE BLVD SUITE 251

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.

ORLANDO, FL 32803 US

02/27/2014 SIGNATURE: SANJAY GHETIYA MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

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

FILED Feb 27, 2014 Secretary of State CC5517132149

Certificate of Status Desired: No

Date

Date