

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000090104

**Entity Name:** J. MICHAEL HEIDER, D.D.S., LLC

**Current Principal Place of Business:**

2026 NE 19TH STREET  
FT. LAUDERDALE, FL 33305

**Current Mailing Address:**

2026 NE 19TH STREET  
FT. LAUDERDALE, FL 33305

**FEI Number:** 59-2426431

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILD, MICHAEL D  
101 NORTH PINE ISLAND ROAD  
SUITE 201  
FT. LAUDERDALE, FL 33324 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 HEIDER, JM DR.  
Address 2026 NE 19TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33305

*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:** J MICHAEL HEIDER DDS

**PRESIDENT**

**01/08/2014**

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

\_\_\_\_\_  
Date