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. 05/14/2014

SIGNATURE: PAUL KANE

CFO

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

CFO KANE, PAUL J 451 APOLLO BEACH BLVD City-State-Zip: APOLLO BEACH FL 33572

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000045265

Entity Name: DENTALWORKS USA, LLC

Current Principal Place of Business:

1408 N WESTSHORE BLVD STE 704 TAMPA, FL 33607

Current Mailing Address:

1408 N WESTSHORE BLVD STE 704 TAMPA, FL 33607 US

FEI Number: 45-4958012

Name and Address of Current Registered Agent:

KANE, PAUL J 451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572 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: PAUL KANE

Electronic Signature of Registered Agent

Title Name Address Certificate of Status Desired: No

05/14/2014 Date

Date