

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045265

**Entity Name:** DENTALWORKS USA, LLC

**Current Principal Place of Business:**

600 N. WILLOW AVE.  
STE. 101  
TAMPA, FL 33606

**Current Mailing Address:**

600 N. WILLOW AVE.  
STE. 101  
TAMPA, FL 33606 US

**FEI Number:** 45-4958012

**Certificate of Status Desired:** No

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

BUSCARINI, JAMES KJR.  
600 N. WILLOW AVE.  
STE. 101  
TAMPA, FL 33606 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 BUSCARINI, JAMES KJR.  
Address 3105 W. FOUNTAIN BLVD.  
City-State-Zip: TAMPA FL 33609

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL KANE

**CFO**

**04/30/2013**

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

\_\_\_\_\_  
Date