

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000045265

Entity Name: DENTALWORKS USA, LLC**Current Principal Place of Business:**5401 W KENNEDY BLVD
STE 240
TAMPA, FL 33609**Current Mailing Address:**5401 W KENNEDY BLVD
STE 240
TAMPA, FL 33609 US**FEI Number:** 45-4958012**Certificate of Status Desired:** Yes**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

07/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title AUTHORIZED MEMBER, CEO
Name CRESSMAN, GREGORY RAYMOND
Address 5401 W KENNEDY BLVD
STE 240
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER
Name BELL, BRIAN
Address 5401 W KENNEDY BLVD
STE 240
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER
Name PUCKETT, STUART LEE
Address 5401 W KENNEDY BLVD
STE 240
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER
Name MACHETTE, MATTHEW
Address 5401 W KENNEDY BLVD
STE 240
City-State-Zip: TAMPA FL 33609

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: GREGORY R CRESSMANAUTHORIZED MEMBER,
CEO

07/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date