

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000059057

Entity Name: DENTAL PRACTICE EXPERTS LLC

Current Principal Place of Business:

2718 AVON RIVER DR
VALRICO, FL 33596

Current Mailing Address:

2718 AVON RIVER DR
VALRICO, FL 33596 US

FEI Number: 45-5207068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAROOR, LOUIE
2718 AVON RIVER DRIVE
VALRICO, FL 33596 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 ZAROOR, LOUIE
Address 2718 AVON RIVER DRIVE
City-State-Zip: VALRICO FL 33596

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: LOUIE ZAROOR

MANAGER

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date