

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000066815

**Entity Name:** IMPACT DENTAL LAB, LLC

**Current Principal Place of Business:**

906 N.E. 26TH AVENUE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

3000 RAVENSWOOD ROAD  
SUITE #1A  
DANIA BEACH, FL 33312 US

**FEI Number:** 45-5373086

**Certificate of Status Desired:** No

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

BALANOFF, WILLIAM L  
906 N.E. 26TH AVENUE  
FORT LAUDERDALE, FL 33304 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 BALANOFF, WILLIAM L  
Address 3000 RAVENSWOOD ROAD  
SUITE #1A  
City-State-Zip: DANIA BEACH FL 33312

*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:** WILLIAM L. BALANOFF, DDS, MS, FICD

MANAGING PARTNER

03/02/2016

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

\_\_\_\_\_ Date