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. 04/19/2019

CFO

SIGNATURE: RUSSELL ALLEN

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 61-1701016 Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DR SARASOTA, FL 34240 US

DOCUMENT# L12000161966

6240 LAKE OSPREY DR SARASOTA, FL 34240

Current Mailing Address: 6240 LAKE OSPREY DR SARASOTA. FL 34240 US

Current Principal Place of Business:

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: RUSSELL ALLEN

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MANAGER Name DENTAL CARE ALLIANCE LLC Address 6240 LAKE OSPREY DR City-State-Zip: SARASOTA FL 34240

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ADC ADMINISTRATIVE SERVICES - JACKSONVILLE, LLC

Certificate of Status Desired: No

04/19/2019 Date

Date

FILED Apr 19, 2019 Secretary of State 8221619722CC