

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000020730

**Entity Name:** SAGE DENTAL OF JENSEN BEACH, PLLC

**Current Principal Place of Business:**

951 BROKEN SOUND PKWY NW SUITE 250  
BOCA RATON, FL 33487

**Current Mailing Address:**

951 BROKEN SOUND PKWY NW SUITE 250  
BOCA RATON, FL 33487 US

**FEI Number:** 46-2008309

**Certificate of Status Desired:** No

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

GERSON, GARY N ESQ.  
3001 PGA BLVD  
SUITE 305  
PALM BEACH GARDENS, FL 33410 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:** GARY N. GERSON, ESQ.

01/06/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	PRESIDENT, SECRETARY, MANAGER
Name	MONTILLA, MIGUEL DR.	Name	CRUZ, ANTONIO DR.
Address	951 BROKEN SOUND PKWY NW SUITE 250	Address	951 BROKEN SOUND PKWY NW SUITE 250
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	AUTHORIZED MEMBER		
Name	SAGE DENTAL GROUP OF FLORIDA, PLLC		
Address	951 BROKEN SOUND PKWY NW SUITE 250		
City-State-Zip:	BOCA RATON FL 33487		

*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:** SAGE DENTAL GROUP OF FLORIDA, PLLC

MEMBER

01/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date