

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000062386

Entity Name: AMERICAN DENTAL OF FLORIDA-FORT LAUDERDALE, LLC**Current Principal Place of Business:**2740 E. COMMERCIAL BLVD
FT LAUDERDALE, FL 33308**Current Mailing Address:**2740 E. COMMERCIAL BLVD
FT LAUDERDALE, FL 33308 US**FEI Number:** 46-2649029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KERNS, JAMES M
6905 W BROWARD BLVD
101
PLANTATION, FL 33317 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	KERNS, JAMES M
Address	6905 W BROWARD BLVD SUITE 101 STE. 101
City-State-Zip:	PLANTATION FL 33317

Title	MGRM
Name	FENTON, DANIEL M
Address	1272 N RIO VISTA BLVD
City-State-Zip:	FT LAUDERDALE FL 33316

Title	MANAGER
Name	VERA, NATHALIE DR
Address	2740 E. COMMERCIAL BLVD
City-State-Zip:	FT LAUDERDALE FL 33308

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: JAMES KERNS

MGR

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date