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: NATHALIE VERA

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

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

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:

4801 S UNIVERSITY DRIVE STE 212 DAVIE, FL 33328 US

FEI Number: 46-2649029

Name and Address of Current Registered Agent:

VERA, NATHALIE DR. 4801 S UNIVERSITY DRIVE STE 212 DAVIE, FL 33328 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: NATHALIE VERA

Electronic Signature of Registered Agent

City-State-Zip: FT LAUDERDALE FL 33308

Certificate of Status Desired: No

02/03/2021

Date

02/03/2021 Date

FILED Feb 03, 2021 Secretary of State 5972212961CC

MGR