

**2017 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

**PRES**

**01/11/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date