

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000079062

**Entity Name:** ORLANDO FAMILY DENTISTRY, P.L.

**Current Principal Place of Business:**

5003 MELLON CT.  
WINDERMERE, FL 34786

**Current Mailing Address:**

5003 MELLON CT.  
WINDERMERE, FL 34786

**FEI Number:** 46-3165875

**Certificate of Status Desired:** No

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

SHRAGER, JOSEPH A DMD  
5003 MELLON CT.  
WINDERMERE, FL 34786 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 SHRAGER, JOSEPH A DMD  
Address 5003 MELLON CT.  
City-State-Zip: WINDERMERE FL 34786

*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:** JOSEPH SHRAGER

MGR

02/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date