

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000117345

Entity Name: GENTLE DENTAL GROUP OF DAVIE, 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

FEI Number: 46-3455311

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIEGLER, NEAL DR.
951 BROKEN SOUND PKWY NW
SUITE 250
BOCA RATON, FL 33487 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 MGR
Name ZIEGLER, NEAL DDS
Address 951 BROKEN SOUND PKWY NW STE 185
City-State-Zip: BOCA RATON FL 33487

Title MGR
Name ZIEGLER, NEAL DDS
Address 951 BROKEN SOUND PKWY NW STE 250
City-State-Zip: BOCA RATON FL 33487

Title TREASURER, VP
Name CRUZ, ANTONIO DR.
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: NEAL ZIEGLER

CDO

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date