

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 25, 2016
Secretary of State
CC7800629413

Entity Name: SAGE DENTAL 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: Yes

Name and Address of Current Registered Agent:

GERSON, GARY N ESQ.
3001 PGA BLVD
SUITE 305
PALM BEACH GARDENS, FL 33410 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: GARY N GERSON

02/25/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, PRESIDENT, SECRETARY
Name ZIEGLER, NEAL B DR.
Address 951 BROKEN SOUND PKWY NW
SUITE 250
City-State-Zip: BOCA RATON FL 33487

Title TREASURER, VP, MANAGER
Name CRUZ, ANTONIO DR.
Address 951 BROKEN SOUND PKWY NW
SUITE 250
City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED MEMBER
Name FLORIDA DENTAL HOLDINGS, PLLC
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 B ZIEGLER

PRESIDENT

02/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date