

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000131909

**Entity Name:** SANIBEL ISLAND DENTAL, LLC

**Current Principal Place of Business:**

1648 PERIWINKLE WAY  
SUITE C-1  
SANIBEL ISLAND, FL 33957

**Current Mailing Address:**

40 BARKLEY CIRCLE  
SUITE 2  
FORT MYERS, FL 33907 US

**FEI Number:** 46-3679300

**Certificate of Status Desired:** No

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

DAVIS, MATTHEW  
40 BARKLEY CIRCLE  
SUITE 2  
FORT MYERS, FL 33907 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 DAVIS, MATTHEW  
Address 40 BARKLEY CIRCLE SUITE 2  
City-State-Zip: FORT MYERS FL 33907

*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:** MATTHEW L. DAVIS DDS

**MANAGER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date