

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000120379

Entity Name: DENTAL PARTNERS OF VERO BEACH, PLLC

Current Principal Place of Business:

3755 7TH TERRACE, SUITE 303
VERO BEACH, FL 32960

Current Mailing Address:

3755 7TH TERRACE, SUITE 303
VERO BEACH, FL 32960

FEI Number: 47-1956856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ SCHWIBNER, JENNA
3755 7TH TERRACE, SUITE 303
VERO BEACH, FL 32960 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 CONWAY & CONWAY, D.D.S., P.A.
Address 3755 7TH TERRACE, SUITE 303
City-State-Zip: VERO BEACH FL 32960

Title MGR
Name JENNA KATZ SCHWIBNER, D.M.D., PLLC
Address 3755 7TH TERRACE, SUITE 303
City-State-Zip: VERO BEACH FL 32960

Title AUTHORIZED REPRESENTATIVE
Name CONWAY, SUZANNE TILLERY DDS
Address 3755 7TH TERRACE, SUITE 303
City-State-Zip: VERO BEACH FL 32960

Title OFFICE MANAGER
Name MORSE, LORA R
Address 3755 7TH TERRACE, SUITE 303
City-State-Zip: VERO BEACH FL 32960

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: LORA MORSE

OFFICE MANAGER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date