

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000120379

**FILED**  
**Oct 24, 2018**  
**Secretary of State**  
**CR9470617434**

**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:** JENNA KATZ SCHWIBNER, DMD

10/24/2018

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 OFFICE MANAGER  
Name MASONET, SHIRLEY  
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:** JENNA KATZ SCHWIBNER

MANAGING DENTIST

10/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date