

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000184021

**Entity Name:** GAERTNER BROTHERS DENTISTRY PLLC

**Current Principal Place of Business:**

2899 COLLINS AVENUE  
APT 603  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

2899 COLLINS AVENUE  
APT 603  
MIAMI BEACH, FL 33140 US

**FEI Number:** 47-2448016

**Certificate of Status Desired:** No

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

LAW OFFICES OF MAX A ADAMS ESQ PLLC  
2151 S LEJEUNE RD  
SUITE 306  
CORAL GABLES, FL 33134 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 ANDY GAERTNER DMD PA  
Address 2899 COLLINS AVENUE  
APT 603  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name TOMMY GAERTNER DMD PA  
Address 601 NE 23RD ST APT 807  
City-State-Zip: CORAL GABLES FL 33134

*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:** ANDY GAERTNER

MGR

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date