

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000000519

Entity Name: SAGE DENTAL OF OVIEDO, PLLC

Current Principal Place of Business:

951 BROKEN SOUND PKWY SUITE 250
BOCA RATON, FL 33487

Current Mailing Address:

951 BROKEN SOUND PKWY SUITE 250
BOCA RATON, FL 33487 US

FEI Number: 47-2684432

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GERSON, GARY N
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, P, S
Name TUBIO, ABIGAIL D.M.D.
Address 951 BROKEN SOUND PKWY SUITE
#250
City-State-Zip: BOCA RATON FL 33487

Title MGR
Name SAGE DENTAL GROUP OF FLORIDA,
PLLC
Address 951 BROKEN SOUND PKWY SUITE
#250
City-State-Zip: BOCA RATON FL 33487

Title VP, T
Name CRUZ, ANTONIO D.M.D.
Address 951 BROKEN SOUND PKWY 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: LORI ALLISON

DIRECTOR

01/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date