

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000041646

**Entity Name:** SEGAL & ROSENSTEIN DENTISTRY, PLLC

**Current Principal Place of Business:**

20803 BISCAYNE BLVD  
SUITE 306  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BLVD  
SUITE 306  
AVENTURA, FL 33180 US

**FEI Number:** 65-0770524

**Certificate of Status Desired:** No

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

DADE COUNTY CORPORATE AGENTS, INC.  
20295 NE 29TH PLACE  
SUITE 200  
AVENTURA, FL 33180 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           MANAGER  
Name           ROSENSTEIN, STEVEN J DR.  
Address        20803 BISCAYNE BLVD  
                  SUITE 306  
City-State-Zip: AVENTURA FL 33180

Title           MEMBER  
Name           SEGAL, BARRY SCOTT DR.  
Address        20803 BISCAYNE BLVD  
                  SUITE 306  
City-State-Zip: AVENTURA FL 33180

*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:** BARRY S.SEGAL

**MEMBER**

**04/01/2018**

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

\_\_\_\_\_  
Date