

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000148997

**Entity Name:** HEALING DENTAL LLC

**Current Principal Place of Business:**

8500 SW FLAGLER STREET  
SUITE 108 A  
MIAMI,, FL 33144

**Current Mailing Address:**

13717 SW 149TH CIRCLE LN  
APT 2  
MIAMI,, FL 33186 US

**FEI Number:** 47-4987058

**Certificate of Status Desired:** Yes

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

PESATURO, ANA  
13717 SW 149TH CIRCLE LN  
APT 2  
MIAMI, FL 33186 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 PESATURO, ANA  
Address 13717 SW 149TH CIRCLE LN APT 2  
City-State-Zip: MIAMI FL 33186

*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:** ANA PESATURO

**MANAGER**

**03/13/2016**

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

\_\_\_\_\_  
Date