2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2017
Secretary of State
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Entity Name: DENTAL PROFESSION LLC

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
735
MIAMI, FL 33131

Current Mailing Address:

601 BRICKELL KEY DRIVE
735
MIAMI, FL 33131 US

FEI Number: 81-0943747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROJAS, GERMAN
601 BRICKELL KEY DRIVE
735
MIAMI, FL 33131 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	AMBR
Name	HENAO, JUAN D
Address	601 BRICKELL KEY DRIVE SUITE 735
City-State-Zip:	MIAMI FL 33131

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: JUAN D HENAO MANAGER 04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date