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.

MGR

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ESPARRAGOZA, RAMIRO

5727 CORAL WAY

FEI Number: 81-1203759

Name and Address of Current Registered Agent:

STANFORD ENTITY MANGEMENT LLC 2655 S LE JEUNE RD STE PH1-E 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: RALF F HEYER

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name ESPARRAGOZA, RAMIRO Address 5727 SW 24TH STREET City-State-Zip: MIAMI FL 33155

DOCUMENT# L16000013301

Entity Name: DORAL SEDATION & FAMILY DENTISTRY, LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3650 NW 82 AVE, STE 301 DORAL, FL 33166

Current Mailing Address:

MIAMI. FL 33155 US

03/17/2021

FILED Mar 17, 2021 Secretary of State 9386119924CC

Certificate of Status Desired: No

03/17/2021 Date

Date