

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000061105

**Entity Name:** FLORIDA FAMILY DENTAL MANAGEMENT, LLC

**Current Principal Place of Business:**

10780 HAYDN DRIVE  
BOCA RATON, FL 33498

**Current Mailing Address:**

10780 HAYDN DRIVE  
BOCA RATON, FL 33498

**FEI Number: 81-2068355**

**Certificate of Status Desired: No**

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

PAUL SALVER, PA  
2721 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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            SEVEL, DARREN  
Address        10780 HAYDN DRIVE  
City-State-Zip: BOCA RATON FL 33498

*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: DARREN SEVEL**

**PRESIDENT**

**03/15/2017**

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

\_\_\_\_\_  
Date