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. 04/05/2017

MGR

SIGNATURE: DENTAL CARE ALLIANCE L.L.C.

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

DOCUMENT# L16000088012

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

FEI Number: 81-2508169

Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DRIVE SARASOTA, FL 34240 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: RUSSELL ALLEN

Electronic Signature of Registered Agent

Entity Name: ADC ADMINISTRATIVE SERVICES - SARASOTA EAST, LLC

Authorized Person(s) Detail :

Title MGR DENTAL CARE ALLIANCE, L.L.C. Name Address 6240 LAKE OSPREY DRIVE City-State-Zip: SARASOTA FL 34240

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

04/05/2017

Date

Date

FILED Apr 05, 2017 Secretary of State CC9151348608