

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000144278

**Entity Name:** OH II DENTAL, LLC

**Current Principal Place of Business:**

5651 DAVIE RD  
SUITE A  
DAVIE, FL 33314

**Current Mailing Address:**

5651 DAVIE RD  
SUITE A  
DAVIE, FL 33314 US

**FEI Number:** 81-3923649

**Certificate of Status Desired:** No

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

JOSE MAURICIO BELLO, P.A.  
1290 WESTON ROAD  
SUITE 220  
WESTON, FL 33326 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:** JOSE M. BELLO

02/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name MAGURNO, MARIA F  
Address 5651 DAVIE RD  
SUITE A  
City-State-Zip: DAVIE FL 33314

Title DIRECTOR  
Name MAGURNO, MARIA A  
Address 5651 DAVIE RD  
SUITE A  
City-State-Zip: DAVIE FL 33314

Title AUTHORIZED REPRESENTATIVE  
Name PAGES, ALEJANDRO  
Address 5651 DAVIE RD  
SUITE A  
City-State-Zip: DAVIE FL 33314

Title DIRECTOR  
Name OTERO, NURIA  
Address 5651 DAVIE RD  
SUITE A  
City-State-Zip: DAVIE FL 33314

Title AUTHORIZED REPRESENTATIVE  
Name MARTINEZ, ILDEMARO  
Address 5651 DAVIE RD  
SUITE A  
City-State-Zip: DAVIE FL 33314

*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:** ALEJANDRO PAGES

**AUTHORIZED REPRESENTATIVE**

02/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date