

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000225770

**Entity Name:** BUSCH DENTAL, LLC

**Current Principal Place of Business:**

5411 EAST BUSCH BOULEVARD  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

5411 EAST BUSCH BOULEVARD  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 81-4741590

**Certificate of Status Desired:** No

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

MCFADDEN, RYAN P. DR.  
5411 EAST BUSCH BOULEVARD  
TEMPLE TERRACE, FL 33617 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:** RYAN P. MCFADDEN

04/09/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MCFADDEN, RYAN P  
Address 5411 EAST BUSCH BOULEVARD  
City-State-Zip: TEMPLE TERRACE FL 33617

*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:** RYAN MCFADDEN

DR.

04/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date