that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERICKA V. DELGADO Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT# L17000130743

Entity Name: SOUTH FLORIDA DENTAL MANAGEMENT, LLC

Current Principal Place of Business:

7898 WEST 14 AVE HIALEAH, FL 33014

Current Mailing Address:

7898 WEST 14 TH AVE HIALEAH. FL 33014 US

FEI Number: 82-1865171

Name and Address of Current Registered Agent:

GOMEZ, JULISSA S 1985 WEST 88 COURT 101 DORAL, FL 33172 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: JULISSA GOMEZ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AR DELGADO, ERICKA V Name Address 7898 WEST 14 AVE City-State-Zip: HIALEAH FL 33014

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

PRESIDENT

10/11/2018

10/11/2018 Date

Date

FILED Oct 11, 2018 Secretary of State CR2503065634

Certificate of Status Desired: No