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. 04/30/2021

SIGNATURE: BART HOUSTON

Electronic Signature of Signing Authorized Person(s) Detail

2300 NE 9TH STREEET FORT LAUDERDALE, FL 33304

Current Principal Place of Business:

Entity Name: GALLERIA DENTAL GROUP LLC

Current Mailing Address:

DOCUMENT# L18000163875

2300 NE 9TH STREEET FORT LAUDERDALE. FL 33304 US

FEI Number: 83-2992950

Name and Address of Current Registered Agent:

HOUSTON, BART 2300 NE 9TH STREEET FORT LAUDERDALE, FL 33304 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GALLUZZO, GEORGE D.M.D.	Name	HOUSTON, BART
Address	2300 NE 9TH STREEET	Address	2300 NE 9TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33304	City-State-Zip:	FT. LAUDERDALE FL 33304

MGR

FILED Apr 30, 2021 Secretary of State 0725565903CC

Certificate of Status Desired: No

Date

Date