

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001803

**Entity Name:** DECARE DENTAL NETWORKS, LLC

**Current Principal Place of Business:**

1285 NORTHLAND DRIVE  
MENDOTA HEIGHTS, MN 55120

**Current Mailing Address:**

220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204 US

**FEI Number:** 73-1665525

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title GOVERNOR  
Name PENCZEK, RONALD W  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY  
Name KIEFER, KATHLEEN S  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT, GOVERNOR, CHIEF  
MANAGER  
Name TOWERS, SCOTT W  
Address 1285 NORTHLAND DRIVE  
City-State-Zip: MENDOTA HEIGHTS MN 55120

Title GOVERNOR  
Name BENINTENDI, LAURIE H  
Address 4361 IRWIN SIMPSON ROAD  
City-State-Zip: MASON OH 45040

Title TREASURER  
Name SCHER, VINCENT E  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER  
Name NOBLE, ERIC K  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

*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:** KATHLEEN S. KIEFER

**SECRETARY**

**04/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date