

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001941

**Entity Name:** DECARE DENTAL HEALTH INTERNATIONAL, LLC

**Current Principal Place of Business:**

1285 NORTHLAND DRIVE  
MENDOTA HEIGHTS, MN 55120

**Current Mailing Address:**

1285 NORTHLAND DRIVE  
MENDOTA HEIGHTS, MN 55120 US

**FEI Number:** 02-0574609

**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 SECRETARY, MANAGER  
Name KIEFER, KATHLEEN S  
Address 1285 NORTHLAND DRIVE  
City-State-Zip: MENDOTA HEIGHTS MN 55120

Title TREASURER, MANAGER  
Name SCHER, VINCENT E  
Address 1285 NORTHLAND DRIVE  
City-State-Zip: MENDOTA HEIGHTS MN 55120

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

Title ASST. TREASURER, MANAGER  
Name NOBLE, ERIC K  
Address 1285 NORTHLAND DRIVE  
City-State-Zip: MENDOTA HEIGHTS MN 55120

*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 SUSAN KIEFER

**SECRETARY**

**04/26/2022**

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

\_\_\_\_\_  
Date