

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001941

Entity Name: DECARE DENTAL HEALTH INTERNATIONAL, LLC

Current Principal Place of Business:

3560 DELTA DENTAL DRIVE
EAGAN, MN 55122-3166

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 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 GOVERNOR
Name KELAGHAN, CATHERINE I
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title GOVERNOR
Name PENCZEK, RONALD W
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KIEFER, KATHLEEN S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT
Name FJELSTAD, DANI
Address 3560 DELTA DENTAL DRIVE
City-State-Zip: EAGAN MN 55122-3166

Title TREASURER
Name SCHER, VINCENT E
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title GOVERNOR
Name FJELSTAD, DANI V
Address 3560 DELTA DENTAL DRIVE
City-State-Zip: EAGAN MN 55122-3166

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

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date