2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2021
Secretary of State
8658917547CC

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Entity Name: DECARE DENTAL HEALTH INTERNATIONAL, 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: 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	PENCZEK, RONALD W
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

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

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

Title	PRESIDENT, CHIEF MANAGER, GOVERNOR
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

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