

**2019 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:**

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 KELAGHAN, CATHERINE I  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

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

Title TREASURER  
Name SCHER, VINCENT E  
Address 220 VIRGINIA AVENUE  
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**

**05/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date