

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000958

**Entity Name:** NOBEL BIOCARE USA, LLC

**Current Principal Place of Business:**

22715 SAVI RANCH PARKWAY  
YORBA LINDA, CA 92887

**Current Mailing Address:**

22715 SAVI RANCH PARKWAY  
YORBA LINDA, CA 92887 US

**FEI Number:** 51-0513031

**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           MANAGER  
Name           KAABI, FAEZ  
Address        22715 SAVI RANCH PARKWAY  
City-State-Zip: YORBA LINDA CA 92887

Title           MANAGER  
Name           TURNER, , HEATHER  
Address        22715 SAVI RANCH PARKWAY  
City-State-Zip: YORBA LINDA CA 92887

Title           AUTHORIZED REPRESENTATIVE  
Name           FAEZ , KAABI  
Address        22715 SAVI RANCH PARKWAY  
City-State-Zip: YORBA LINDA CA 92887

*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:** FAEZ KAABI

**AUTHORIZED  
SIGNATORIES:**

**04/20/2023**

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

\_\_\_\_\_  
Date