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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE: PASQUALE COSSENTINO	MGR.	03/14/2013	

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# M12000005778

Entity Name: SURFSIDE DENTAL OF SW FL, LLC

#### **Current Principal Place of Business:**

2543 BLACKBURN CIRCLE CAPE CORAL, FL 33991

# **Current Mailing Address:**

2543 BLACKBURN CIRCLE CAPE CORAL, FL 33991

# FEI Number: 46-1004916

# Name and Address of Current Registered Agent:

THE DORCEY LAW FIRM, PLC 10181 SIX MILE CYPRESS PKWY. STE. C FORT MYERS, FL 33966 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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	COSSENTINO, PASQUALE	Name	COSSENTINO, ANGELA
Address	2543 BLACKBURN CIRCLE	Address	2543 BLACKBURN CIRCLE
City-State-Zip:	CAPE CORAL FL 33991	City-State-Zip:	CAPE CORAL FL 33991

FILED Mar 14, 2013 Secretary of State CC9247720462

Date

Certificate of Status Desired: No

Date