

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000005726

Entity Name: GENESIS DENTAL GROUP FOREST PARK, LLC

Current Principal Place of Business:

3150 ZELDA CT.
MONTGOMERY, AL 36101

Current Mailing Address:

3150 ZELDA CT.
MONTGOMERY, AL 36101

FEI Number: NOT APPLICABLE

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 VPT
Name WATERS, FORREST D.M.D.
Address 3150 ZELDA CT.
City-State-Zip: MONTGOMERY AL 36101

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: FORREST WATERS, D.M.D

VPT

04/16/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date