

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90027 014 ****50.00

DOCUMENT # L01000021095

1. Entity Name

AVENTURA DENTAL SPECIALTIES, LLC



Principal Place of Business

**19086 NE 29th AVENUE
AVENTURA FL 33180**

Mailing Address

**P.O. BOX 802321
AVENTURA FL 33280-2321**

2. Principal Place of Business

3. Mailing Address

19086 NE 29th Ave

19086 NE 29th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180-2805

Country

USA

Zip

33180-2805

Country

USA

4. FEI Number

30-0012141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERGMAN, A.C.
7451 W OAKLAND PARK BLVD
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **DIEZ, FEDERICO DDS**
STREET ADDRESS **19086 NE 29TH AVENUE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **MGRM** ☐ Delete
NAME **ARROYO, JUAN CARLOS DMD**
STREET ADDRESS **15823 S.W. 10TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Arroyo, Juan Carlos DMD**
STREET ADDRESS **19086 NE 29th Avenue**
CITY-ST-ZIP **Aventura, FL 33180-2805**

TITLE **MGRM** ☐ Delete
NAME **PASTRANA, MIGUEL A MD**
STREET ADDRESS **1062 SW 159TH DRIVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Pastrana, Miguel A. DMD, MD**
STREET ADDRESS **19086 NE 29th Avenue**
CITY-ST-ZIP **Aventura, FL 33180-2805**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-7-03

Date

954-558-3426

Daytime Phone #

CR2E083 (10/02)