

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000039150

Entity Name: AHG DENTAL, LLC

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8585 SW 72 ST  
SUITE101  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8585 SW 72 ST  
SUITE101  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 51-0576921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HIDALGO-GONZALEZ, ALLISON M DMD  
8585 SW 72 ST  
SUITE 101  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HIDALGO-GONZALEZ, ALLISON M DMD  
Address: 9163 SW 70TH TERRACE  
City-St-Zip: MIAMI, FL 33173 US

Title: MGR  
Name: MENDEZ, HILDA V  
Address: 4605 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information indicated on this 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.

SIGNATURE: ALLISON HIDALGO-GONZALEZ

MGRM

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date