

MI4000008512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

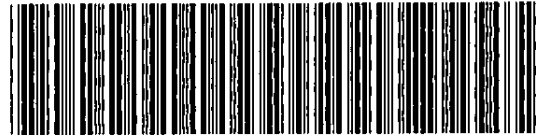
Special Instructions to Filing Officer:

\$1332.50

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6/10/08 WI4-69905

Office Use Only



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14 NOV -5 PM 4:20
STONINGHAM
FILING OFFICE

NOV 26 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dental Ward Office, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Valerie Holland

Name of Person

Carey, O'Malley, Whitaker & Mueller, P.A.

Firm/Company

712 S. Oregon Avenue

Address

Tampa, FL 33606

City/State and Zip Code

vholland@cowmpa.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE
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For further information concerning this matter, please call:

Valerie Holland

Name of Contact Person

at (813) 250-0577

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Dental Ward Office, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Dan Whitaker

(Name)

712 S. Oregon Ave.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

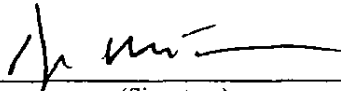
Tampa

FL 33606

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Dental Ward Office, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 010688193
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 10, 2008
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5200 North Armenia Avenue
Tampa, Florida 33603
(Street Address of Principal Office)


6. 5200 North Armenia Avenue
Tampa, Florida 33603
(Mailing Address)

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14 JUN -5 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Dr. Ward Whitaker, Manager
5200 North Armenia Avenue
Tampa, Florida 33603

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dr. Ward Whitaker

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

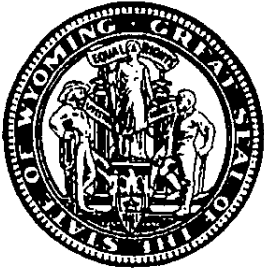
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

DENTAL WARD OFFICE, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 10, 2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000556270**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of October, 2014 at 8:39 AM. This certificate is assigned 016509927.



Max Maxfield
Secretary of State

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14 NOV -5 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAREY, O'MALLEY, WHITAKER & MUELLER, P.A.

ATTORNEYS AT LAW

712 SOUTH OREGON AVENUE
TAMPA, FLORIDA 33606-2516

RICHARD B. CAMPBELL
KELLY A. CAREY
MICHAEL R. CAREY*
ANGELA M. COVINGTON
E. ASHLEY MCRAE
RANDALL P. MUELLER*
ANDREW M. O'MALLEY
MICHAEL P. QUINN
DANIEL D. WHITAKER

TELEPHONE: 813-250-0577
FACSIMILE: 813-250-9898

*BOARD CERTIFIED IN CONSTRUCTION LAW

November 24, 2014

Ms. Sheila Young
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

UPS NEXT DAY AIR
1Z W3R 214 01 9097 1398

In Re: Dental Ward Office, LLC
Client File No.: 4387.001

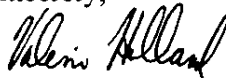
Dear Ms. Young:

Enclosed please find a check in the amount of \$1,332.50 to cover the civil penalty and annual report filing fees for Dental Ward Office, LLC, which are listed in the enclosed letter.

I would very much appreciate if you could notify me by email at vholland@cowmpa.com upon receipt of this letter.

If you have any questions, please don't hesitate to contact me directly.

Sincerely,



Valerie Holland, Office Manager
CAREY, O'MALLEY, WHITAKER
& MUELLER, P.A.

RECEIVED
14 NOV 25 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

Enclosure

Celebrating Over 25 Years of Service

November 19, 2014

VALERIE HOLLAND
712 S OREGON AVENUE
TAMPA, FL 33606

SUBJECT: DENTAL WARD OFFICE, LLC
Ref. Number: W14000069905

We have received your document for DENTAL WARD OFFICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1332.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II Letter Number: 714A00024642

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

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SECRET
FALLAHAD, J. M. 11/19/14
FILED