

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004585

**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC8990707421**

**Entity Name:** DENTAL LIFELINE NETWORK - FLORIDA, INC.

**Current Principal Place of Business:**

1800 15TH STREET, SUITE 100  
DENVER, CO 80202

**Current Mailing Address:**

1800 15TH STREET, SUITE 100  
DENVER, CO 80202

**FEI Number: 84-1533654**

**Certificate of Status Desired: No**

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

SABATES, CESAR DDS  
747 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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

**Officer/Director Detail :**

Title P  
Name SABATES, CESAR DDS  
Address 747 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title O  
Name EGGNATZ, MICHAEL  
Address 17190 PALM BLVD, SUITE 4  
City-State-Zip: WESTON FL 33326

Title O  
Name BECKMAN, BILL  
Address 3260 BIRCH TERRACE  
City-State-Zip: CORAL GABLES FL 33134

Title OTHER  
Name JULIE, SNYDER A  
Address 1800 15TH STREET, SUITE 100  
City-State-Zip: DENVER CO 80202

Title VP  
Name GARCIA, GEORGINA  
Address 407 LINCOLN RD., STE. 8A  
City-State-Zip: MIAMI BEACH FL 33139

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JULIE SNYDER**

**VP OF FINANCE & HR**

**02/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date