

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060064

Entity Name: SAGE DENTAL OF BELLE GLADE, P.A.**Current Principal Place of Business:**951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON, FL 33487**Current Mailing Address:**951 BROKEN SOUND PARKWAY
#250
BOCA RATON, FL 33487 US**FEI Number:** 65-0847875**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GERSON, GARY N ESQ.
3001 PGA BLVD
305
PALM BEACH GARDENS, FL 33410 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:** GARY N GERSON

02/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, SECRETARY, MANAGER
Name	ZIEGLER, NEAL DR.
Address	951 BROKEN SOUND PARKWAY SUITE 250
City-State-Zip:	BOCA RATON FL 33487

Title	VP, TREASURER, MANAGER
Name	CRUZ, ANTONIO DR.
Address	951 BROKEN SOUND PARKWAY SUITE 250
City-State-Zip:	BOCA RATON FL 33487

Title	AUTHORIZED MEMBER
Name	FLORIDA DENTAL HOLDINGS, PLLC
Address	951 BROKEN SOUND PARKWAY SUITE 250
City-State-Zip:	BOCA RATON FL 33487

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEAL ZIEGLER

PRESIDENT

02/25/2016

Electronic Signature of Signing Officer/Director Detail

Date