2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2014
Secretary of State
CC3891785142

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Entity Name: WESTWOOD FAMILY DENTAL CENTER, PLLC

Current Principal Place of Business:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625

Current Mailing Address:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625 US

FEI Number: 20-2087378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VERGARA, CLAUDIA PDR
8573 WEST LINEBAUGH AVE
TAMPA, FL 33625 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

Authorized Person(s) Detail :

Title	MGR
Name	VERGARA, CLAUDIA PDR
Address	8573 WEST LINEBAUGH AVE
City-State-Zip:	TAMPA FL 33625

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDIA VERGARA PRESIDENT 01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date