

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035527

Entity Name: DORAL ENDODONTICS, LLC

Current Principal Place of Business:

3650 NW 82 AVENUE
303
DORAL, FL 33166

Current Mailing Address:

3650 NW 82 AVENUE
303
DORAL, FL 33166

FEI Number: 20-4753220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLANO, JUAN G
3650 NW 82 AVENUE
303
DORAL, FL 33166 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 JUAN G. LLANO DMD, PA
Address 3650 NW 82 AVENUE-SUITE 303
City-State-Zip: DORAL FL 33166

Title MGRM
Name GIL, EVELYN ASECRETA
Address 3650 NW 82 AVENUE-SUITE 303
City-State-Zip: DORAL FL 33166

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

SIGNATURE: JUAN G. LLANO

MGR

04/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date