

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066235

**Entity Name:** ORTEGA PROFESSIONAL ORTHODONTICS, LLC

**Current Principal Place of Business:**

14650 ISLAND DRIVE  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

14650 ISLAND DRIVE  
JACKSONVILLE, FL 32250

**FEI Number:** 26-0367609

**Certificate of Status Desired:** No

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

MCMENAMY, WILLIAM B  
C/O DONAHOO, BALL & MCMENAMY, P.A.  
245 RIVERSIDE AVENUE SUITE 450  
JACKSONVILLE, FL 32202 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           MANAGER  
Name           SCHELLHASE, DANIEL J  
Address        14650 ISLAND DRIVE  
City-State-Zip: JACKSONVILLE FL 32250

*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:** DANIEL J SCHELLHASE

**MANAGER**

**02/16/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date