

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070815

**Entity Name:** STEIN DENTAL GROUP PL

**Current Principal Place of Business:**

1327 PROVIDENCE ROAD  
BRANDON, FL 33511

**Current Mailing Address:**

1327 PROVIDENCE ROAD  
BRANDON, FL 33511 US

**FEI Number: 26-0506210**

**Certificate of Status Desired: No**

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

HYMAN, CHAIM  
1327 PROVIDENCE ROAD  
BRANDON, FL 33511 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	MGRM	Title	MGRM
Name	CHAIM HYMAN DMD PA	Name	ABRAHAM STEIN DDS PA
Address	1327 PROVIDENCE ROAD	Address	1327 PROVIDENCE ROAD
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511

*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: CHAIM HYMAN**

**MANAGING MEMBER**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date