

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082123

Entity Name: SERENE DENTAL CENTER LLC

Current Principal Place of Business:

2411 10TH AVE N
LAKE WORTH, FL 33461

Current Mailing Address:

2411 10TH AVE N
LAKE WORTH, FL 33461

FEI Number: 26-0687165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, MARC DDS
701 CYPRESS GREEN CIR
WELLINGTON, FL 33414 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 ANDERSON, MARC
Address 701 CYPRESS GREEN CIR
City-State-Zip: WELLINGTON FL 33414

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: MARC ANDERSON

MANAGING MEMBER

02/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date