

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068983

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC6999419315**

**Entity Name:** SAGE DENTAL OF PARKLAND, PLLC

**Current Principal Place of Business:**

951 BROKEN SOUND PARKWAY  
SUITE 250  
BOCA RATON, FL 33487

**Current Mailing Address:**

951 BROKEN SOUND PKWY  
STE 250  
BOCA RATON, FL 33487 US

**FEI Number:** 26-3005873

**Certificate of Status Desired:** No

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

GERSON, GARY N ESQ.  
3001 PGA BLVD  
SUITE 305  
PALM BEACH GARDENS , FL 33410 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:** GARY N GERSON

01/12/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: MONTILLA, MIGUEL DR.  
Address: 951 BROKEN SOUND PARKWAY  
SUITE 250  
City-State-Zip: BOCA RATON FL 33487

Title: PRESIDENT, SECRETARY, MANAGER  
Name: CRUZ, ANTONIO DR.  
Address: 951 BROKEN SOUND PARKWAY  
SUITE 250  
City-State-Zip: BOCA RATON FL 33487

Title: AUTHORIZED MEMBER  
Name: SAGE DENTAL GROUP OF FLORIDA,  
PLLC  
Address: 951 BROKEN SOUND PARKWAY  
SUITE 250  
City-State-Zip: BOCA RATON FL 33487

*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:** SAGE DENTAL GROUP OF FLORIDA, PLLC

MEMBER

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date