2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: BUSINESS OF DENTAL PRACTICE LLC

Current Principal Place of Business:

145 NE EDGEWATER DR.,
SUITE 4302
STUART, FL 34996

Current Mailing Address:

145 NE EDGEWATER DR.,
SUITE 4302
STUART, FL 34996 US

FEI Number: 26-3838286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E. III
759 S.W. FEDERAL HIGHWAY.
SUITE 106
STUART, FL 34995 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	MGR
Name	DOHERTY, HUGH F. D.D.S.	Name	DOHERTY, VIRGINIA C.
Address	145 NE EDGEWATER DR., SUITE 4302	Address	145 NE EDGEWATER DR., SUITE 4302
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996

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: VIRGINIA C. DOHERTY MGR 03/07/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date