2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2015
Secretary of State
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Entity Name: NATALIA ALVARADO STADLER DMD, LLC

Current Principal Place of Business:

2323 NE 26 AVE 110
POMPANO BEACH, FL 33062

Current Mailing Address:

2323 NE 26 AVE 110
POMPANO BEACH, FL 33062

FEI Number: 65-1092401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STADLER, NATALIA ADMD
2323 NE 26 AVE 110
POMPANO BEACH, FL 33062 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	Title	AUTHORIZED MEMBER
Name	STADLER, NATALIA A	Name	CRISPIN, ROBERT
Address	2323 NE 26 AVE 110	Address	2323 NE 26 AVE 110
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO BEACH FL 33062

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: NATALIA STADLER MANAGER 01/13/2015

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