

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000060387

Entity Name: SOUTH FLORIDA DENTAL GROUP, LLC

Current Principal Place of Business:

8333 W MCNAB RD
SUITE 126
TAMARAC, FL 33321

Current Mailing Address:

8333 W MCNAB RD
SUITE 126
TAMARAC, FL 33321

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGH, KISHAN
13201 N 53 STREET
TAMPA, FL 33617 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	SINGH, KISHAN S	Name	SINGH, K
Address	13201 N 53 STREET	Address	13201 N 53 STREET
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33616

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: K SINGH

MGR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date