

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071873

**Entity Name:** FLAGLER DENTAL CARE, LLC

**Current Principal Place of Business:**

1199 WEST FLAGLER ST STE 7  
MIAMI, FL 33130

**Current Mailing Address:**

1199 WEST FLAGLER ST. STE 7  
MIAMI, FL 33130 US

**FEI Number:** 27-0805214

**Certificate of Status Desired:** No

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

HIDALGO, JUAN C  
1199 WEST FLAGLER ST STE 7  
MIAMI, FL 33130 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:** JUAN CARLOS HIDALGO

02/05/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HERNANDEZ , DAYNET  
Address 1199 WEST FLAGLER ST. SUITE 7  
City-State-Zip: MIAMI FL 33130

*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:** DAYNET HERNANDEZ

MGRM

02/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date