

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116388

**Entity Name:** SAGE DENTAL OF COOPER CITY, PLLC

**Current Principal Place of Business:**

951 BROKEN SOUND PARKWAY  
SUITE 250  
BOCA RATON, FL 33487

**Current Mailing Address:**

951 BROKEN SOUND PARKWAY  
SUITE 250  
BOCA RATON, FL 33487 US

**FEI Number:** 27-1436445

**Certificate of Status Desired:** Yes

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** LORI ALLISON

04/14/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            ROARK, CINDY  
Address        951 BROKEN SOUND PARKWAY  
                 SUITE 250  
City-State-Zip: BOCA RATON FL 33487

Title            OTHER  
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:** LORI ALLISON

**DIRECTOR**

04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date