2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2014
Secretary of State
CC7375862887

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Entity Name: DEREK D HABER, DMD, LLC

Current Principal Place of Business:

5990 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

5990 SW 40 ST
MIAMI, FL 33155

FEI Number: 27-2412330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HABER, DEREK DDMD
5990 SW 40 ST
MIAMI, FL 33155 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
Name	HABER, DEREK DDMD
Address	5990 SW 40 ST
City-State-Zip:	MIAMI FL 33155

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: DEREK HABER OWNER 01/09/2014

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