

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000047420

Entity Name: HOFFMAN DENTAL SERVICES, LLC

Current Principal Place of Business:

3920 BEE RIDGE ROAD
BLDG E, SUITE D
SARASOTA, FL 34233

Current Mailing Address:

3920 BEE RIDGE ROAD
BLDG E, SUITE D
SARASOTA, FL 34233 US

FEI Number: 27-2485182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGLICH, DAVID S. ESQ.
1515 RINGLING BOULEVARD
10TH FLOOR
SARASOTA, FL 34236 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: DAVID S. MAGLICH, ESQUIRE

03/17/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BRIAN P. HOFFMAN, D.M.D., M.P.H.,
FICOI
Address 3920 BEE RIDGE ROAD
BLDG E, SUITE D
City-State-Zip: SARASOTA FL 34233

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: DAVID S. MAGLICH

AGENT

03/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date