**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 18, 2014**
**Secretary of State**
**CC3044091995**

DOCUMENT# L10000049014

**Entity Name:** ADVANCED DENTAL HEALTH, PLLC

**Current Principal Place of Business:**

2118 CONSTITUTION BLVD.
SARASOTA, FL 34231

**Current Mailing Address:**

2118 CONSTITUTION BLVD.
SARASOTA, FL 34231 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

MAGLICH, DAVID 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, ESQ. 04/18/2014

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | HOFFMAN, BRIAN PDMD MPH |
| Address | 2118 CONSTITUTION BLVD |
| City-State-Zip: | SARASOTA FL 34231 |

*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: BRIAN HOFFMAN MGRM 04/18/2014

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