2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2016
Secretary of State
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Entity Name: HOFFMAN DENTAL, PLLC

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: 27-2498947

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. 03/17/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	HOFFMAN, BRIAN P DMD MPH 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: BRIAN P. HOFFMAN MGRM 03/17/2016

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