2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2018
Secretary of State
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Entity Name: SAGE DENTAL OF WEST BOCA RATON, PLLC

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON, FL 33487

Current Mailing Address:

951 BROKEN SOUND PKWY NW STE 250
BOCA RATON, FL 33487 US

FEI Number: 27-2808614

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GERSON, GARY N ESQ.
3001 PGA BLVD
SUITE 305
PALM BEACH GARDENS, FL 33410 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: GARY N GERSON 01/27/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	PRESIDENT, SECRETARY, MANAGER
Name	MONTILLA, MIGUEL DR.	Name	CRUZ, ANTONIO DR.
Address	951 BROKEN SOUND PARKWAY SUITE 250	Address	951 BROKEN SOUND PARKWAY SUITE 250
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

Title	AUTHORIZED MEMBER
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 01/27/2018

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