

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078333

**Entity Name:** SUNRISE DENTAL SERVICES PLLC

**Current Principal Place of Business:**

10175 COLLINS AVE  
# 1704  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

10175 COLLINS AVE  
# 1704  
BAL HARBOUR, FL 33154

**FEI Number:** 27-3153968

**Certificate of Status Desired:** No

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

YH & S ACCOUNTING & FINANCIAL CONSULTANTS, INC.  
2875 NE 191 ST  
STE 302  
AVENTURA, FL 33180 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:** GLORIA PASCUAL-WILLINGER

03/09/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ORPHANOS, NANCY DDDS  
Address 10175 COLLINS AVE - # 1704  
City-State-Zip: BAL HARBOUR FL 33154

*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:** NANCY ORPHANOS DDDS

MGR

03/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date