

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000095314

Entity Name: CLEAR DENTAL PRACTICE MANAGEMENT LLC

Current Principal Place of Business:

5079 N DIXIE HIGHWAY - SUITE 318
OAKLAND PARK, FL 33334

Current Mailing Address:

5079 N DIXIE HIGHWAY - SUITE 318
OAKLAND PARK, FL 33334

FEI Number: 27-3437905

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORLANDO, THOMAS
5820 NE 14TH ROAD
FORT LAUDERDALE, FL 33334 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGMR
Name ORLANDO, THOMAS
Address 5820 NE 14TH ROAD
City-State-Zip: FORT LAUDERDALE FL 33334

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS ORLANDO

OWNER

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date