2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2014
Secretary of State
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Entity Name: KELLY MAGHER DMD, LLC

Current Principal Place of Business:

5046 ECLIPSE COURT
NAPLES, FL 34104

Current Mailing Address:

5046 ECLIPSE COURT
NAPLES, FL 34104

FEI Number: 27-3458120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGHER, KELLY
5046 ECLIPSE COURT
NAPLES, FL 34104 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	MGR
Name	MAGHER, KELLY
Address	5046 ECLIPSE COURT
City-State-Zip:	NAPLES FL 34104

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: KELLY MAGHER MANAGER 04/23/2014

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