2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2014
Secretary of State
CC9166608169

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Entity Name: TOTAL DENTAL CENTERS, LLC

Current Principal Place of Business:

12177 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

Current Mailing Address:

12177 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROZO, ASTRID
12177 PEMBROKE ROAD
PEMBROKE PINES, FL 33025 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	ROZO, ASTRID
Address	12177 PEMBROKE RD
City-State-Zip:	PEMBROKE PINES FL 33025

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: ASTRID ROZO MANAGER 03/09/2014

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