

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000111423

Entity Name: TOTAL DENTAL CENTERS, PLLC

Current Principal Place of Business:

14201 W. SUNRISE BLVD.
SUITE 207
SUNRISE, FL 33323

Current Mailing Address:

14201 W. SUNRISE BLVD.
SUITE 207
SUNRISE, FL 33323 US

FEI Number: 80-0656999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, DAVID
14201 W. SUNRISE BLVD.
SUITE 207
SUNRISE, FL 33323 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 SMITH, KERRY D D.M.D.
Address 14201 W. SUNRISE BLVD.
SUITE 207
City-State-Zip: SUNRISE FL 33323

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: KERRY D. SMITH

MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date