

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127459

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC6443884791**

**Entity Name:** AVENTURA PEDIATRIC DENTISTRY AND ORTHODONTICS, LLC

**Current Principal Place of Business:**

2797 N.E. 207TH STREET  
NORTH MIAMI BEACH, FL 33180

**Current Mailing Address:**

2797 N.E. 207TH STREET  
NORTH MIAMI BEACH, FL 33180

**FEI Number:** 27-5069271

**Certificate of Status Desired:** No

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

MARS, RICK D.D.S.  
2797 N.E. 207TH STREET  
NORTH MIAMI BEACH, 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	GLICKSMAN, JOEL D.D.S.	Name	MARS, RICK D.D.S.
Address	2797 N.E. 207TH STREET	Address	2797 N.E. 207TH STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33180	City-State-Zip:	NORTH MIAMI BEACH FL 33180

*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: RICK MARS

PRESIDENT

03/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date