

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091557

**Entity Name:** DENTISTRY BY DESIGN, LLC

**Current Principal Place of Business:**

3889 MILITARY TRAIL  
SUITE 102  
JUPITER, FL 33458

**Current Mailing Address:**

PO BOX 69  
JUPITER, FL 33468-0069 US

**FEI Number:** 45-2989961

**Certificate of Status Desired:** No

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

MEDICAL CONSULTANTS OF FLORIDA, LLC  
3889 MILITARY TRAIL  
SUITE 104  
JUPITER, FL 33458 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:** MAZIN SHIKARA, MD

04/07/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MEDICAL CONSULTANTS FLORIDA,  
LLC  
Address 3889 MILITARY TRAIL  
SUITE 104  
City-State-Zip: JUPITER FL 33458

*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:** MAZIN SHIKARA

MANAGER

04/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date