

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091557

Entity Name: DENTISTRY BY DESIGN, LLC

Current Principal Place of Business:

672 SW PRIMA VISTA BLVD.
SUITE 202
PORT ST. LUCIE, FL 34983

Current Mailing Address:

PO BOX 69
JUPITER, FL 33468

FEI Number: 45-2989961

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDICAL CONSULTANTS OF PALM BEACH, LLC
600 HERITAGE DRIVE
SUITE 105
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MEDICAL CONSULTANTS OF PALM
BEACH, LLC
Address 600 HERITAGE DRIVE
SUITE 105
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 MD

MBR

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date