

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000145110

Entity Name: CUTLER BAY DENTAL PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240

Current Mailing Address:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240 US

FEI Number: 45-4419493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, DAVID
6240 LAKE OSPREY DR.
SARASOTA, FL 34240 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: DAVID NICHOLS

04/26/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GOBER, MELVYN	Name	BILECA, MICHAEL
Address	13195 SW 134 STREET 2ND FLOOR	Address	13195 SW 134 STREET 2ND FLOOR
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELVYN GOBER

D

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date