

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000073514

**Entity Name:** DENTAL CARE ASSOCIATION, LLC

**Current Principal Place of Business:**

9275 SW 152ND ST  
# 106  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

9275 SW 152ND ST  
# 106  
PALMETTO BAY, FL 33157 US

**FEI Number:** 46-0628144

**Certificate of Status Desired:** Yes

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

GARCIA, CRISTINA DR.  
9275 SW 152ND ST  
# 106  
PALMETTO BAY, FL 33157 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:** CRISTINA GARCIA

02/15/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GARCIA, CRISTINA  
Address 9275 SW 152ND ST  
# 106  
City-State-Zip: PALMETTO BAY FL 33157

*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:** CRISTINA GARCIA

MGRM

02/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date