**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 04, 2014**
**Secretary of State**
**CC7470724582**

DOCUMENT# L12000157791

**Entity Name:** JAN WESTBERRY, D.M.D., LLC

**Current Principal Place of Business:**

2234 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

2234 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

**FEI Number: 46-1611094**

**Certificate of Status Desired:** No

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

WESTBERRY, JAN J
2234 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168 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 | WESTBERRY, JAN |
| Address | 2234 STATE ROAD 44 |
| City-State-Zip: | NEW SMYRNA BEACH FL 32168 |

*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: JAN WESTBERRY, D.M.D. OWNER/ DENTIST 02/04/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date