

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000160180

**Entity Name:** TOWER DENTAL GROUP LLC

**Current Principal Place of Business:**

6063 SW 18TH STREET  
SUITE 109  
BOCA RATON, FL 33433

**Current Mailing Address:**

9291 GLADES RD  
SUITE 301  
BOCA RATON, FL 33434

**FEI Number:** 46-1638576

**Certificate of Status Desired:** No

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

ORPHANOS, ERNEST SDR.  
9291 GLADES ROAD  
SUITE 301  
BOCA RATON, FL 33434 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 MGRM  
Name ORPHANOS, ERNEST SDR.  
Address 9291 GLADES RD.; SUITE 301  
City-State-Zip: BOCA RATON FL 33434

Title MGRM  
Name ALVAREZ, GABRIEL  
Address 9291 GLADES RD.; SUITE 301  
City-State-Zip: BOCA RATON FL 33434

Title MGRM  
Name SHIVER, ELSA  
Address 9291 GLADES RD.; SUITE 301  
City-State-Zip: BOCA RATON FL 33434

*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:** ERNEST S ORPHANOS

**MANAGING MEMBER**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date