

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000030050

**Entity Name:** CLEARWHITE DENTAL, PLLC

**Current Principal Place of Business:**

1831 N. BELCHER RD.  
SUITE F-3  
CLEARWATER, FL 33765

**Current Mailing Address:**

1831 N. BELCHER RD.  
SUITE F-3  
CLEARWATER, FL 33765 US

**FEI Number:** 46-4865576

**Certificate of Status Desired:** No

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

JERGINs, M. BRADLEY  
1831 N. BELCHER RD.  
SUITE F-3  
CLEARWATER, FL 33765 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 JERGINs, M. BRADLEY  
Address 1831 N. BELCHER RD.  
SUITE F-3  
City-State-Zip: CLEARWATER FL 33765

*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:** M. BRADLEY JERGINs

MGRM

04/27/2015

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

\_\_\_\_\_  
Date