

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000132136

Entity Name: ORAL AND MAXILLOFACIAL SURGERY CENTER LLC

Current Principal Place of Business:

7480 SW 117 ST
MIAMI, FL 33156

Current Mailing Address:

7480 SW 117 ST
MIAMI, FL 33156 US

FEI Number: 38-3938343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRED PEDROLETTI DMD PA
7480 SW 117 ST
MIAMI, FL 33156 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 MMGR
Name FRED PEDROLETTI DMD PA
Address 7480 SW 117 ST
City-State-Zip: MIAMI FL 33156

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: FRED PEDROLETTI

MANAGER

01/12/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date