2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2015
Secretary of State
CC0388480996

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Entity Name: SAGE DENTAL OF WINDERMERE, PLLC

Current Principal Place of Business:

5122 DR PHILLIPS BLVD
ORLANDO, FL 32819

Current Mailing Address:

951 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 33487

FEI Number: 47-1801546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD STE 1200
WEST PALM BEACH, FL 33401 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	MANAGER	Title	TREASURER
Name	ZIEGLER, NEAL B	Name	CRUZ, TONY
Address	951 BROKEN SOUND PKWY STE 250	Address	951 BROKEN SOUND PKWY STE 250
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

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: NEAL B ZIEGLER CDO 02/20/2015

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