

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000048837

Entity Name: KENDALL ORAL AND MAXILLOFACIAL SURGERY, LLC

Current Principal Place of Business:

8700 N. KENDALL DRIVE
SUITE 221
MIAMI, FL 33176

FILED
Jan 11, 2017
Secretary of State
CC3506083995

Current Mailing Address:

8700 N. KENDALL DRIVE
SUITE 221
MIAMI, FL 33176 US

FEI Number: 35-2580885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAREDES, BRETT A
8700 N. KENDALL DRIVE
SUITE 221
MIAMI, FL 33176 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 AR
Name PAREDES, BRETT A
Address 8700 N. KENDALL DRIVE, SUITE 221
City-State-Zip: MIAMI FL 33176

Title AR
Name VELAZQUEZ, MARIANA
Address 8700 N. KENDALL DRIVE, SUITE 221
City-State-Zip: MIAMI FL 33176

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: BRETT PAREDES

PRESIDENT

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date