# 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: DENTAL CARE ALLIANCE, L.L.C.

Electronic Signature of Signing Authorized Person(s) Detail

## Authorized Person(s) Detail :

Title	MGR
Name	DENTAL CARE ALLIANCE, L.L.C.
Address	6240 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

#### DOCUMENT# L16000154748

Entity Name: DENTAL ASSOCIATES OF SOUTH BRANDON PRACTICE MANAGEMENT, LLC

#### **Current Principal Place of Business:**

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

## **Current Mailing Address:**

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

## FEI Number: 81-3631456

## Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DRIVE SARASOTA, FL 34240 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: RUSSELL ALLEN

Electronic Signature of Registered Agent

MGR

04/06/2017

Date

FILED Apr 06, 2017 Secretary of State CC6714197514

Certificate of Status Desired: No

Date

04/06/2017