

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000106791

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**2578896545CC**

**Entity Name:** USA DENTAL INSTITUTE, LLC

**Current Principal Place of Business:**

225 N.E. MIZNER BOULEVARD, SUITE 510  
BOCA RATON, FL 33432

**Current Mailing Address:**

225 N.E. MIZNER BOULEVARD, SUITE 510  
BOCA RATON, FL 33432 US

**FEI Number: 82-2063966**

**Certificate of Status Desired: No**

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

TOBIN & REYES, P.A.  
225 N.E. MIZNER BOULEVARD, SUITE 510  
BOCA RATON, FL 33432 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	MANAGER
Name	SMITH, MERRILL BROOKS	Name	TOBIN, DAVID S.
Address	225 N.E. MIZNER BOULEVARD, SUITE 510	Address	225 N.E. MIZNER BOULEVARD, SUITE 510
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

*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: DAVID S. TOBIN, ESQ.**

**MANAGER**

**03/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date