

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000120279

**Entity Name:** 1500 DENTAL, LLC

**Current Principal Place of Business:**

1500 NORTH FEDERAL HWY.  
SUITE 250  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

1500 NORTH FEDERAL HWY.  
SUITE 250  
FT. LAUDERDALE, FL 33304 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GALVAN MESSICK, PLLC  
951 YAMATO RD.  
SUITE 250  
BOCA RATON, FL 33431 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            MGR  
Name            1500 DENTAL CORP.  
Address        1500 NORTH FEDERAL HWY., SUITE  
                  250  
City-State-Zip: FT. LAUDERDALE FL 33304

*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:** 1500 DENTAL CORP.

**MGR**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date