

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008512

**Entity Name:** DENTAL WARD OFFICE, LLC

**Current Principal Place of Business:**

5200 NORTH ARMENIA AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

5200 NORTH ARMENIA AVENUE  
TAMPA, FL 33603

**FEI Number:** 01-0688193

**Certificate of Status Desired:** No

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

WHITAKER, DAN  
712 S OREGON AVE  
TAMPA, FL 33606 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 WHITAKER, WARD DR  
Address 5200 NORTH ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33603

*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:** WHITAKER WARD

MGR

05/01/2015

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

\_\_\_\_\_ Date