

2016 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:

WARD, WHITAKER
5200 NORTH ARMENIA AVENUE
TAMPA, FL 33603 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: WARD C WHITAKER

05/01/2016

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: WARD C WHITAKER

MANAGER

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date