

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000011325

**Entity Name:** DH DENTAL EMPLOYMENT SERVICES, LLC

**Current Principal Place of Business:**

200 S. KRAEMER BLVD.  
BLDG. E  
BREA, CA 92821

**Current Mailing Address:**

1717 WEST COLLINS  
ORANGE, CA 92867 US

**FEI Number:** 83-2166462

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	KAABI, FAEZ	Name	TURNER, HEATHER
Address	200 S. KRAEMER BLVD. BLDG. E	Address	200 S. KRAEMER BLVD. BLDG. E
City-State-Zip:	BREA CA 92821	City-State-Zip:	BREA CA 92821

*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:** FAEZ KAABI

**MANAGER**

**04/03/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date