

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000058360

**Entity Name:** RIVERSIDE DENTAL OF DUNNELLON, PA

**Current Principal Place of Business:**

11352 NORTH WILLIAMS STREET  
SUITE 505  
DUNNELLON, FL 34432

**Current Mailing Address:**

2801 ST JOHNS BLUFF RD SOUTH  
SUITE 101  
JACKSONVILLE, FL 32246 US

**FEI Number:** 84-2549888

**Certificate of Status Desired:** No

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

LIVEHEALTHY DENTAL, COMPANY  
2801 ST JOHNS BLUFF RD SOUTH  
SUITE 101  
JACKSONVILLE, FL 32246 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:** NICHOLAS A NARDUCCI

02/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           LIVEHEALTHY DENTAL, COMPANY  
Address        2801 ST JOHNS BLUFF RD SOUTH  
                  SUITE 101  
City-State-Zip: JACKSONVILLE FL 32246

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS A NARDUCCI

PRESIDENT

02/04/2024

Electronic Signature of Signing Officer/Director Detail

Date