

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000030368

**Entity Name:** FLORIDA DENTAL IMPLANTS & ORAL SURGERY, LLC

**Current Principal Place of Business:**

2150 HARDEN BLVD  
LAKELAND, FL 33803

**Current Mailing Address:**

2150 HARDEN BLVD  
LAKELAND, FL 33803 US

**FEI Number:** 32-0041791

**Certificate of Status Desired:** No

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

KIRKPATRICK, DAVID  
2150 HARDEN BLVD.  
LAKELAND, FL 33803 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 MGRM  
Name RICHARDS, HARLEY M  
Address 1400 EASTON DR.  
City-State-Zip: LAKELAND FL 33803

Title MGR  
Name FOSTER, BRUCE A  
Address 538 ISLEBAY DR.  
City-State-Zip: APOLLO BEACH FL 33572

Title MGRM  
Name KIRKPATRICK, DAVID R  
Address 2150 HARDEN BLVD  
City-State-Zip: LAKELAND FL 33803

Title CIO  
Name GENZ, JASON  
Address 2150 HARDEN BLVD  
City-State-Zip: LAKELAND FL 33803

*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:** BRUCE FOSTER

CEO

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date