

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000123050

**Entity Name:** PALM BEACH PROSTHODONTICS, LLC**Current Principal Place of Business:**1401 FORUM WAY  
SUITE 800  
WEST PALM BEACH, FL 33407**Current Mailing Address:**1401 FORUM WAY  
SUITE 800  
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-1857489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARCO, CARIDAD V  
1401 FORUM WAY  
SUITE 800  
WEST PALM BEACH, FL 33401 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:** CARIDAD V. ARCO

02/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DR  
Name KAY, HOWARD B DR  
Address 1401 FORUM WAY SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title DR  
Name SANTAMARINA, MIGUEL J DR  
Address 1401 FORUM WAY SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title DR.  
Name SALCEDO, JAIRO DR.  
Address 1401 FORUM WAY SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

Title DR.  
Name KLEIMAN, CARYN DR.  
Address 1401 FORUM WAY  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** CARIDAD ARCO**MANAGER**

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date