

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083765

**Entity Name:** AMERICAN DENTAL OF FLORIDA--MARGATE, LLC

**Current Principal Place of Business:**

1605 N. STATE ROAD 7  
STE C  
MARGATE, FL 33063

**Current Mailing Address:**

4801 S. UNIVERSITY DRIVE  
STE 212  
DAVIE, FL 33328 US

**FEI Number:** 26-3291016

**Certificate of Status Desired:** No

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

AZAR, DIEGO  
730 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33071 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:** DIEGO AZAR

02/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	AMBR
Name	AZAR, DIEGO	Name	KERNS, LINDA A.
Address	730 RIVERSIDE DRIVE	Address	4801 S. UNIVERSITY DRIVE STE 212
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	DAVIE FL 33328

*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:** LINDA KERNS

MGR

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date