12634 PINES E PEMBROKE PI	LVD NES, FL 33027			
Current Mai	ling Address:			
	07TH STREET MI BEACH, FL 33180			
FEI Number: 27-5069407			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
DENTAL CARE 2797 N.E. 207T NORTH MIAMI				
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: RICK MARS				04/20/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	GLICKSMAN, JOEL D.D.S.	Name	MARS, RICK D.D.S.	
Address	2797 N.E. 207TH STREET	Address	2797 N.E. 207TH STREET	
City-State-Zip:	NORTH MIAMI BEACH FL 33180	City-State-Zip:	NORTH MIAMI BEACH FL 331	80

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: RICK MARS

04/20/2021 MANAGING PARTNER

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127458

Entity Name: DENTAL CARE GROUP OF PEMBROKE PINES, LLC

Current Principal Place of Business:

FILED Apr 20, 2021 Secretary of State 0824010328CC

Electronic Signature of Signing Authorized Person(s) Detail