# 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: RUSSELL ALLEN

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L12000161966

# Entity Name: ADC ADMINISTRATIVE SERVICES - JACKSONVILLE, LLC

## Current Principal Place of Business:

6240 LAKE OSPREY DR SARASOTA, FL 34240

## **Current Mailing Address:**

6240 LAKE OSPREY DR SARASOTA, FL 34240 US

# FEI Number: 61-1701016

## Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DR SARASOTA, FL 34240 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: RUSSELL ALLEN

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleMANAGERNameDENTAL CARE ALLIANCE LLCAddress6240 LAKE OSPREY DRCity-State-Zip:SARASOTA FL 34240

orida. 06/29/2020

Date

Date

# FILED Jun 29, 2020 Secretary of State 5244453965CC

Certificate of Status Desired: No

CFO

06/29/2020