

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000062386

**Entity Name:** AMERICAN DENTAL OF FLORIDA-FORT LAUDERDALE, LLC

**Current Principal Place of Business:**

2740 E. COMMERCIAL BLVD  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
STE 212  
DAVIE, FL 33328 US

**FEI Number:** 46-2649029

**Certificate of Status Desired:** No

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

VERA, NATHALIE DR.  
4801 S UNIVERSITY DRIVE  
STE 212  
DAVIE, FL 33328 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:** NATHALIE VERA

01/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name VERA, NATHALIE DR  
Address 2740 E. COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33308

*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:** NATHALIE VERA

PRES

01/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date