

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000120379

Entity Name: DENTAL PARTNERS OF VERO BEACH, PLLC

Current Principal Place of Business:

3790 7TH TERRACE
SUITE 201
VERO BEACH, FL 32960

Current Mailing Address:

3790 7TH TERRACE
SUITE 201
VERO BEACH, FL 32960 US

FEI Number: 47-1956856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ SCHWIBNER, JENNA
1161 INDIAN MOUND TRAIL
VERO BEACH, FL 32963 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: JENNA KATZ SCHWIBNER, DMD

07/01/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	OFFICE MANAGER
Name	JENNA KATZ SCHWIBNER, D.M.D., PLLC	Name	MASONET, SHIRLEY
Address	3790 7TH TERRACE SUITE 201	Address	3790 7TH TERRACE SUITE 201
City-State-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960

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: JENNA KATZ SCHWIBNER

MANAGER

07/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date