I hereby certify that the information indicated on this report or supplemental report is true and accurate a oath; that I am a managing member or manager of the limited liability company or the receiver or trustee		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE [,] DONALD GALLO	PC OWNER	01/20/2023

PC OWNER

SIGNATURE: DONALD GALLO

Electronic Signature of Signing Authorized Person(s) Detail

6240 LAKE OSPREY DRIVE

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 :

Title	DIRECTOR
Name	GALLO, DONALD
Address	6240 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000053077

Entity Name: TOWNCARE DENTAL OF FORT LAUDERDALE, PLLC

Current Principal Place of Business:

3343 NE 33RD STREET FORT LAUDERDALE, FL 33308

Current Mailing Address:

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

FEI Number: 81-1869287

Name and Address of Current Registered Agent:

ALLEN, RUSSELL SARASOTA, FL 34240 US

Certificate of Status Desired: No

01/20/2023 Date

FILED Jan 20, 2023 Secretary of State 2985939040CC

Date