

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000106188

**Entity Name:** DENTAL STAT LLC

**Current Principal Place of Business:**

4915 NW 58TH TERRACE  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

4915 NW 58TH TERRACE  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 81-3777831

**Certificate of Status Desired:** No

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

BHATT, HEM  
4915 NW 58TH TERRACE  
CORAL SPRINGS, FL 33067 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:** HEM BHATT

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BHATT, HEM  
Address 4915 NW 58TH TERRACE  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** HEM BHATT

MBR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date