#### 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: DENTAL CARE ALLIANCE L.L.C. Electronic Signature of Signing Authorized Person(s) Detail

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L16000154728

Entity Name: DENTAL ASSOCIATES OF BRANDON PRACTICE MANAGEMENT, LLC

### **Current Principal Place of Business:**

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

## **Current Mailing Address:**

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240 US

# FEI Number: 81-3556716

### Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DRIVE 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: ALLEN RUSSELL

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title MGR Name DENTAL CARE ALLIANCE L.L.C. Address 6240 LAKE OSPREY DRIVE City-State-Zip: SARASOTA FL 34240

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

MGR

04/26/2022 Date

Date

04/26/2022

## FILED Apr 26, 2022 Secretary of State 6522381512CC

Certificate of Status Desired: No