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: DENTAL CARE ALLIANCE L.L.C.

Electronic Signature of Signing Authorized Person(s) Detail

2021 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 :

TitleMGRNameDENTAL CARE ALLIANCE L.L.C.Address6240 LAKE OSPREY DRIVECity-State-Zip:SARASOTA FL 34240

04/28/2021 Date

04/28/2021 Date

FILED Apr 28, 2021 Secretary of State 9895051984CC

Certificate of Status Desired: No

Person(s) Detail