

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000154745

Entity Name: DENTAL ASSOCIATES OF PLANT CITY 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

FEI Number: 81-3615402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

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 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: JENNIFER BRAUE

ACCOUNTANT

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date