

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000076486

**Entity Name:** GENESIS DENTAL PARTNERS LLC**Current Principal Place of Business:**2835 SMITH AVENUE, SUITE 201  
BALITMORE, MD 21209**Current Mailing Address:**2835 SMITH AVENUE, SUITE 201  
BALITMORE, MD 21209**FEI Number: 82-1406484****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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 AMBR  
Name LEFKOWITZ, JOSEPH  
Address 6604 EDENVALE ROAD  
City-State-Zip: BALITMORE MD 21209Title AMBR  
Name GORNBEIN, HAROLD  
Address 6212 IVYMOUNT ROAD  
City-State-Zip: BALITMORE MD 21209Title AMBR  
Name COHN, GAVRIEL  
Address 3207 HATTON ROAD  
City-State-Zip: PIKESVILLE MD 21208

*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: JOSEPH LEFKOWITZ****PRESIDENT****03/15/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date