

2024 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 21209

Title AMBR
Name GORNBEIN, HAROLD
Address 6212 IVYMOUNT ROAD
City-State-Zip: BALITMORE MD 21209

Title 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

CEO

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date