

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000126885

Entity Name: DENTAL PRACTICE MASTERS LLC

Current Principal Place of Business:

4122 SEABREEZE DR
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

4122 SEABREEZE DR
JACKSONVILLE BEACH, FL 32082 US

FEI Number: 82-2114830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, RYAN M DR.
4122 SEABREEZE DR
JACKSONVILLE BEACH, FL 32250 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 PRES
Name JOHNSON, RYAN M DR.
Address 4122 SEABREEZE DR
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title CEO
Name THOUSAND, JOHN DR.
Address 299 OCEAN CAY BLVD
City-State-Zip: ST. AUGUSTINE FL 32080

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: RYAN JOHNSON

CEO

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date