

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000126885

**Entity Name:** DENTAL PRACTICE MASTERS LLC

**Current Principal Place of Business:**

185 5TH AVE S  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

185 5TH AVE S  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 82-2114830

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSON, RYAN M DR.  
185 5TH AVE S  
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        185 5TH AVE S  
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

**PRES**

**01/13/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date