

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000126885

Entity Name: DENTAL PRACTICE MASTERS LLC

Current Principal Place of Business:

112 SOLANO CAY CIR
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

112 SOLANO CAY CIR
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 82-2114830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, RYAN M. DR.
112 SOLANO CAY CIR
PONTE VEDRA BEACH, FL 32082 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 112 SOLANO CAY CIR
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date