

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000247857

**Entity Name:** ANP DENTAL & AESTHETICS, LLC

**Current Principal Place of Business:**

530 NW 54TH ST  
MIAMI, FL 33127

**Current Mailing Address:**

646 NORTH FEDERAL HWY  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 82-3624535

**Certificate of Status Desired:** No

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

PATTERSON, APRIL N  
646 NORTH FEDERAL HWY  
FORT LAUDERDALE, FL 33304 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            CEO  
Name            ANP DENTAL & AESTHETICS, LLC  
Address        646 NORTH FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** DR. APRIL PATTERSON

CEO

03/19/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date