

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000178650

Entity Name: ADVANCED PERIODONTICS AND IMPLANT CARE, LLC

Current Principal Place of Business:

1950 LAUREL MANOR DR., BLDG. 184
THE VILLAGES, FL 32162

Current Mailing Address:

1950 LAUREL MANOR DR., BLDG. 184
THE VILLAGES, FL 32162 US

FEI Number: 84-2507175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REDDY, TIGURA BDS, MDS
1950 LAUREL MANOR DR., BLDG. 184
THE VILLAGES, FL 32162 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: TIGURA REDDY BDS, MDS

08/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	REDDY, TIGURA BDS, MDS	Name	NAGARAJ, CHITRA V. DMD
Address	1950 LAUREL MANOR DR., BLDG. 184	Address	1950 LAUREL MANOR DR., BLDG. 184
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGES FL 32162

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: TIGURA REDDY BDS,MDS

MGR

08/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date