

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000182857

**Entity Name:** AVANTHI KOPURI, DMD, MSD, MHA, PLLC

**Current Principal Place of Business:**

10322 KENSINGTON SHORE DR  
ORLANDO, FL 32827

**Current Mailing Address:**

10322 KENSINGTON SHORE DR  
ORLANDO, FL 32827 US

**FEI Number: 84-2683016**

**Certificate of Status Desired: No**

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

ANDERSON, J. PATRICK  
2200 FRONT ST STE 301  
MELBOURNE, FL 32901 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 MGR  
Name KOPURI, AVANTHI DMD  
Address 10322 KENSINGTON SHORE DR  
City-State-Zip: ORLANDO FL 32827

*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: AVANTHI KOPURI**

**MGR**

**02/02/2023**

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

\_\_\_\_\_  
Date