2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2024
Secretary of State
1752895996CC

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Entity Name: DENTAL PRACTICE MANAGEMENT OF SOUTH FLORIDA LLC

Current Principal Place of Business:

1449 NW ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986

Current Mailing Address:

1449 NW ST LUCIE WEST BLVD
PORT ST LUCIE , FL 34986 US

FEI Number: 85-2372008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENTAL PRACTICE MANAGEMENT OF SF
1449 NW ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986 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: SCOTT AZARI 02/16/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AUTHORIZED REPRESENTATIVE	Title	DIRECTOR
Name	VLADIMIR , TURKELTAUB	Name	AZARI, SCOTT
Address	30 CLARK ST	Address	109 CASA GANDE CT
City-State-Zip:	CRESSKILL NJ 07626	City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	GANKIN, MIKHAIL
Address	19501 W. COUNTRY CLUB DRIVE UNIT 2408
City-State-Zip:	MIAMI FL 33180

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: AZARI , SCOTT CPA 02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date