

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000225996

**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**

**01/20/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name VLADIMIR , TURKELTAUB  
Address 30 CLARK ST  
City-State-Zip: CRESSKILL NJ 07626

Title DIRECTOR  
Name AZARI, SCOTT  
Address 109 CASA GANDE CT  
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: VLADIMIR TURKELTAUB**

**CPA**

**01/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date