

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000007251

Entity Name: EXCEPTIONAL DENTISTRY & SEDATION CENTER, PLLC

Current Principal Place of Business:

932 NW 56TH TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

932 NW 56TH TERRACE
GAINESVILLE, FL 32605 US

FEI Number: 87-435255

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOWERY, ARTHUR J DMD
932 NW 56TH TERRACE
GAINESVILLE, FL 32605 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 AMBR
Name EXCEPTIONAL DENTISTRY, INC.
Address 932 NW 56TH TERRACE
City-State-Zip: GAINESVILLE FL 32605

Title AMBR
Name RODRIGUEZ DENTAL CONSULTING, PLLC
Address 932 NW 56TH TERRACE
City-State-Zip: GAINESVILLE FL 32605

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: ARTHUR J MOWERY DMD

RA

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date