2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2025
Secretary of State
0406607543CC

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Entity Name: GULFSTREAM PEDIATRIC DENTISTRY AND ORTHODONTICS LLC

Current Principal Place of Business:

3469 WEST BOYNTON BEACH BLVD, STE 20
BOYNTON BEACH, FL 33436

Current Mailing Address:

3469 WEST BOYNTON BEACH BLVD, STE 20
BOYNTON BEACH, FL 33436

FEI Number: 88-0556029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JIRON & COMPANY, CPA, PA
5200 SW 8TH ST
SUITE 201B
CORAL GABLES , FL 33134 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: JULIO C. JIRON 03/26/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	SPENCER, SCOTT DMD, MS
Address	3469 WEST BOYNTON BEACH BLVD, STE 20
City-State-Zip:	BOYNTON BEACH FL 33436

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: SCOTT SPENCER AMBR 03/26/2025

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