

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000044055

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

01/27/2023

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, DMD, MS

AMBR

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date