

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000483365

Entity Name: PINES PEDIATRIC DENTISTRY AND ORTHODONTICS, PLLC

Current Principal Place of Business:

17767 SW 2ND STREET
PEMBROKE PINES, FL 33029

Current Mailing Address:

17767 SW 2ND STREET
PEMBROKE PINES, FL 33029 US

FEI Number: 88-4298808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
2 NORTH TAMiami TRAIL, SUITE 400
SARASOTA, FL 34236 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 MGR
Name MILLER, MITCHELL DDS
Address 700 SW 78TH AVE, APT. 614
City-State-Zip: PLANTATION FL 33324

Title MGR
Name KALLIS, NICKOLAOS DMD
Address 700 SW 78TH AVE, APT. 614
City-State-Zip: PLANTATION FL 33324

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: NICKOLAOS Z KALLIS

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date