

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000066720

**Entity Name:** SAGE DENTAL OF SIESTA ROW, PLLC

**Current Principal Place of Business:**

6600 CONGRESS AVE., SUITE 150  
BOCA RATON, FL 33487

**Current Mailing Address:**

6600 CONGRESS AVE., SUITE 150  
BOCA RATON, FL 33487 US

**FEI Number:** 92-2307884

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	PRESIDENT
Name	DENTAL GROUP OF FLOR, IDA, PLLC	Name	ROARK, CINDY
Address	6600 CONGRESS AVE., SUITE 150	Address	6600 CONGRESS AVE., SUITE 150
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

*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:** CINDY ROARK

**DIRECTOR OF  
PURCHASING &  
SUPPORT SERVICES**

**02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date