

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000435803

Entity Name: FLORIDA DENTAL AFFILIATES, PLLC

Current Principal Place of Business:

7550 SW 61ST AVENUE
SUITE 2
OCALA, FL 34476

Current Mailing Address:

629 DAVIS DRIVE
SUITE 300
MORRISVILLE, NC 27560 UN

FEI Number: 93-3704159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
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 P
Name FENTON, DANIEL DMD
Address 7550 SW 61ST AVENUE, SUITE 2
City-State-Zip: Ocala FL 34476

Title S
Name LASSETER, ANNA
Address 629 DAVIS DRIVE SUITE 300
City-State-Zip: MORRISVILLE NC 27560

Title T
Name SHANNON, TIM
Address 629 DAVIS DRIVE SUITE 300
City-State-Zip: MORRISVILLE NC 27560

Title AT
Name GAINES, BRETT
Address 629 DAVIS DRIVE SUITE 300
City-State-Zip: MORRISVILLE NC 27560

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: ANNA LASSETER

SECRETARY

01/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date