2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2025
Secretary of State
0227892276CC

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Entity Name: DENTAL CARE GROUP OF AVENTURA, LLC

Current Principal Place of Business:

2797 NORTHEAST 207TH STREET
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

2797 NORTHEAST 207TH STREET
NORTH MIAMI BEACH, FL 33180

FEI Number: 65-0883086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARS, RICK A DR.
2797 NORTHEAST 207TH STREET
NORTH MIAMI BEACH, FL 33180 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: DR RICK A MARS 04/21/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	MARS, RICK AD.D.S.
Address	2797 NORTHEAST 207TH STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33180

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: RICK GLICKSMAN AND MARS, DENTAL CARE GROUP OF FT LAUDERDALE 04/21/2025

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