

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400000497

Entity Name: DENTAL PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

1001 W. CYPRESS CREEK RD.
#300
FT. LAUDERDALE, FL 33309

Current Mailing Address:

1001 W. CYPRESS CREEK RD.
#300
FT. LAUDERDALE, FL 33309 US

FEI Number: 73-1643763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENTAL PRACTICE MANAGEMENT, LLC
1001 W. CYPRESS CREEK RD.
#300
FT. LAUDERDALE, FL 33309 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: STEVEN D. MUCKEY

05/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MUCKEY, STEVEN D
Address 1001 W. CYPRESS CREEK RD.
#300
City-State-Zip: FT. LAUDERDALE FL 33309

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: STEVEN D. MUCKEY

MGR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date