

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M1400000497

Entity Name: DENTAL PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

8214 WILES RD.
CORAL SPRINGS, FL 33067

Current Mailing Address:

8214 WILES RD.
CORAL SPRINGS, FL 33067 US

FEI Number: 73-1643763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENTAL PRACTICE MANAGEMENT, LLC
8214 WILES RD.
CORAL SPRINGS, FL 33067 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

02/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MUCKEY, STEVEN
Address 8214 WILES RD.
City-State-Zip: CORAL SPRINGS FL 33067

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

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date