

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000497

**Entity Name:** DENTAL PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

901 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**Current Mailing Address:**

901 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990 US

**FEI Number:** 73-1643763

**Certificate of Status Desired:** No

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

DENTAL PRACTICE MANAGEMENT, LLC  
901 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990 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

01/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AZARI, SCOTT  
Address 901 SW MARTIN DOWNS BLVD  
City-State-Zip: PALM CITY FL 34990

*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:** AZARI , SCOTT

**DIRECTOR**

01/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date