

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005533

**Entity Name:** ORLANDO CLEARCHOICE DENTAL, LLC

**Current Principal Place of Business:**

8350 EAST CRESCENT PARKWAY  
SUITE 300  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

8350 EAST CRESCENT PARKWAY  
SUITE 300  
GREENWOOD VILLAGE, CO 80111 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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           MANAGER  
Name           WEISS, ALEXANDER  
Address        8350 EAST CRESCENT PARKWAY  
                  SUITE 300  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           MANAGER  
Name           SAMOW, RAHMA  
Address        8350 EAST CRESCENT PARKWAY  
                  SUITE 300  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           MANAGER  
Name           FONTANA, ROBERT  
Address        8350 EAST CRESCENT PARKWAY  
                  SUITE 300  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           SOLE MEMBER  
Name           CLEARCHOICE HOLDINGS, LLC  
Address        8350 EAST CRESCENT PARKWAY  
                  SUITE 300  
City-State-Zip: GREENWOOD VILLAGE CO 80111

*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:** BRANDON S. ALLISON

**CFO**

**04/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date