

To:

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2024-10-09 12:55:14 CST

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From: David Thomas

10/9/24, 2:47 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

wfort@marqueedental.com

Email Address: _____

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2024 OCT -9 PM 3:20

DEPT. OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company Tampa Implant Dentistry and Periodontics LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2024 OCT -9 PM 1:03

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Tampa Implant Dentistry and Periodontics LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

Delaware

2. Jurisdiction under the law of which foreign limited liability company is organized

3. 92-0861365

(EFT number, if applicable)

Upon Filing

4. Date first transacted business in Florida (if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability.)

5300 Maryland Way

5. (Street Address of Principal Office)

5300 Maryland Way

6. (Mailing Address)

Ste 202

Ste 202

Brentwood, TN 37027

Brentwood, TN 37027

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name, C T Corporation System

Office Address, 1200 South Pine Island Road

Plantation

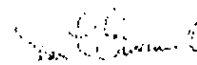
33324

Florida (zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System
SEAN L. EMERICK, ASSISTANT SECRETARY
(Registered agent's signature)



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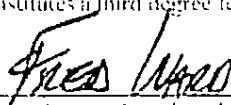
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: _____	☒ Manager	Name: Fred Ward
☐ Member	Address: _____	☐ Member	Address: 5300 Maryland Way
☐ Authorized	_____	☐ Authorized	Ste 202
Person	_____	Person	Brentwood, TN 37027
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.


 Signature of an authorized person

Fred Ward, CEO

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TAMPA IMPLANT DENTISTRY AND
PERIODONTICS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF
OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



7104185 8300

SR# 20243894958

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bulluck, Secretary of State

Authentication: 204581819

Date: 10-08-24