Entity Name: SOUTH FLORIDA DENTAL SURGICAL SPECIALISTS, P.A.				of State	
Current Prir 9600 WEST SA SUITE 504 CORAL SPRING				21100	
Current Mai	ling Address:				
	SAMPLE ROAD STE 504 RINGS, FL 33065 US				
FEI Number: 45-4640768 Certificate of				f Status Desired: Yes	
Name and A	ddress of Current Registered Agent:				
ELLIOT, JEFFR 9600 WEST SA SUITE 504 CORAL SPRING					
The above named	d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flo	rida.	
SIGNATURE: JEFFREY F ELLIOT				04/21/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Dire	ctor Detail :				
Title	PRESIDENT	Title	VP		
Name	ELLIOT, JEFFREY	Name	ELLIOT, SAMRA		
Address	9600 WEST SAMPLE ROAD SUITE 504	Address	9600 WEST SAMPLE ROAD SUITE 504		
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065		

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY F. ELLIOT

PRESIDENT

04/21/2024

FILED Apr 21, 2024

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000098102