

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093959

**Entity Name:** WESTWOOD FAMILY DENTAL CENTER, PLLC

**Current Principal Place of Business:**

8573 WEST LINEBAUGH AVE  
TAMPA, FL 33625

**Current Mailing Address:**

8573 WEST LINEBAUGH AVE  
TAMPA, FL 33625 US

**FEI Number:** 20-2087378

**Certificate of Status Desired:** Yes

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

VERGARA, CLAUDIA PDR  
8573 WEST LINEBAUGH AVE  
TAMPA, FL 33625 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 MGR  
Name VERGARA, CLAUDIA PDR  
Address 8573 WEST LINEBAUGH AVE  
City-State-Zip: TAMPA FL 33625

*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:** CLAUDIA VERGARA

**PRESIDENT**

**01/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date