

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050586

Entity Name: ADVANCED DENTAL CARE (QUAIL MEADOWS), LLC

Current Principal Place of Business:

2785 NW 49TH AVE
STE 102
OCALA, FL 34482

Current Mailing Address:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240

FEI Number: 26-2656934

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 DIRECTOR
Name GALLO, DONALD
Address 6240 LAKE OSPREY DR.
City-State-Zip: SARASOTA FL 34240

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: DONALD GALLO

MGR

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date