2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: SOUTH BAY FAMILY AND COSMETIC DENTISTRY, P.L.

Current Principal Place of Business:

6482 US HWY 41 N
APOLLO BEACH, FL 33572

Current Mailing Address:

6482 US HWY 41 N
APOLLO BEACH, FL 33572

FEI Number: 26-4326655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABEL, ERIN SMITH ESQ
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BOULEVARD, SUITE 2800
TAMPA, FL 33602 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	MGRM
Name	BELOF, JOSHUA D.M.D.
Address	7223 BOWSPIRIT PLACE
City-State-Zip:	APOLLO BEACH FL 33572

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: JOSHUA BELOF MANAGAING MEMBER 04/06/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date