

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057105

**Entity Name:** PRAMUKH DENTAL PRACTICE P.L.L.C.

**Current Principal Place of Business:**

19007 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647

**Current Mailing Address:**

19007 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647

**FEI Number:** 27-2760845

**Certificate of Status Desired:** No

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

PATEL, VIJAY DDS  
19007 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647 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 PATEL, VIJAY  
Address 17863 ARBOR GREENE DR  
City-State-Zip: TAMPA FL 33647

*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:** VIJAY PATEL

MGR

02/04/2022

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

\_\_\_\_\_ Date