

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161945

**Entity Name:** DENTAL CAREERS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

4942 WEST SR 46  
SUITE 1038  
SANFORD, FL 32771

**Current Mailing Address:**

283 BALD EAGLE RUN  
LAKE MARY, FL 32746 US

**FEI Number:** 46-1644938

**Certificate of Status Desired:** No

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

SEIDLER, STEPHEN B  
283 BALD EAGLE RUN  
LAKE MARY, FL 32746 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 SEIDLER, STEPHEN B  
Address 283 BALD EAGLE RUN  
City-State-Zip: LAKE MARY FL 32746

*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:** STEPHEN SEIDLER

**PRESIDENT AND OWNER** 01/26/2022

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

\_\_\_\_\_  
Date