

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000003481

**Entity Name:** ORAL SURGERY OF MIAMI, PLLC

**Current Principal Place of Business:**

9211 SUNSET DR  
MIAMI, FL 33173

**Current Mailing Address:**

9211 SUNSET DR  
MIAMI, FL 33173 US

**FEI Number:** 46-4552668

**Certificate of Status Desired:** No

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

SANDERS, DEREK  
9211 SUNSET DR  
MIAMI, FL 33173 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:** DEREK SANDERS

01/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name SANDERS, DEREK  
Address 9211 SUNSET DR  
City-State-Zip: MIAMI FL 33173

*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:** DEREK SANDERS

REPRESENTATIVE

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date