

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110324

**Entity Name:** ORAL IMPLANTOLOGY ASSOCIATES, PLLC

**Current Principal Place of Business:**

773 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

773 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 47-1191437

**Certificate of Status Desired:** No

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

MIRANDA, SALISA  
2755 MEADOW SAGE CT  
OVIEDO, FL 32765 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:** SALISA MIRANDA

03/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MIRANDA, ATILA C  
Address 773 DOUGLAS AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** ATILA MIRANDA

AMBR

03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date