

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000110324

Entity Name: ORAL IMPLANTOLOGY ASSOCIATES, PLLC

Current Principal Place of Business:

499 E. CENTRAL PARKWAY,
SUITE 220
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

499 E. CENTRAL PARKWAY,
SUITE 220
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 47-1191437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIRANDA, NORMA
2106 NE 44TH ST.
LIGHTHOUSE POINT, FL 33064 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 AMBR
Name MIRANDA, ATILA C
Address 1229 SW 46THWAY
City-State-Zip: DEERFIELD BEACH FL 33442

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

03/14/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date