

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000132136

Entity Name: ORAL SURGERY AND IMPLANT CENTER LLC

Current Principal Place of Business:

1500 SAN REMO AVENUE
#150
CORAL GABLES, FL 33146

Current Mailing Address:

1500 SAN REMO AVENUE
#150
CORAL GABLES, FL 33146 US

FEI Number: 38-3938343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRED PEDROLETTI DMD PA
1500 SAN REMO AVENUE
#150
CORAL GABLES, FL 33146 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: FRED PEDROLETTI

02/01/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MMGR
Name FRED PEDROLETTI DMD PA
Address 1500 SAN REMO AVENUE
#150
City-State-Zip: CORAL GABLES FL 33146

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: FRED PEDROLETTI

OWNER

02/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date