

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000132136

**Entity Name:** ORAL SURGERY AND IMPLANT CENTER, P-LLC

**Current Principal Place of Business:**

7231 SW 63RD AVE  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7231 SW 63 AVE  
SOUTH MIAMI, FL 33143 US

**FEI Number: 38-3938343**

**Certificate of Status Desired:** No

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

PEDROLETTI, FRED  
7231 SW 63 AVENUE  
SOUTH MIAMI, FL 33143-4809 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 MMGR  
Name FRED PEDROLETTI DMD PA  
Address 7231 SW 63 AVE  
City-State-Zip: SOUTH MIAMI FL 33143

*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**

**MMGR**

**01/31/2022**

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

\_\_\_\_\_  
Date