

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000124753

**Entity Name:** GATOR DENTAL SURGERY ASSOCIATES, PLLC

**Current Principal Place of Business:**

6605 SE 221 STREET  
HAWTHORNE, FL 32640

**Current Mailing Address:**

6605 SE 221 STREET  
HAWTHORNE, FL 32640

**FEI Number:** 47-4616715

**Certificate of Status Desired:** No

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

ORTIZ, GEORGE  
3391 E SILVER SPRINGS BLVD  
SUITE G  
OCALA, FL 34470 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:** GEORGE ORTIZ

03/08/2021

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Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WHITE, FRED A  
Address 3191 E HWY 316  
City-State-Zip: CITRA FL 32113

*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 A. WHITE

AMBR

03/08/2021

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Electronic Signature of Signing Authorized Person(s) Detail

Date