

2017 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
1515 E SILVER SPRINGS BLVD.
SUITE 204
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

01/25/2017

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

01/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date