

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000003307

Entity Name: DENTAL FIX RX, LLC**Current Principal Place of Business:**13621 NW 12TH ST
STE 130
SUNRISE, FL 33323**Current Mailing Address:**13621 NW 12TH ST
STE 130
SUNRISE, FL 33323 US**FEI Number:** 27-0509167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MEMBER
Name	WOODHOUSE HOLDINGS, LLC
Address	4380 OAKES RD SUITE 814
City-State-Zip:	DAVIE FL 33314

Title	MEMBER
Name	DENTAL WHALE, LLC
Address	13621 NW 12TH STREET SUITE 130
City-State-Zip:	SUNRISE FL 33323

Title	AUTHORIZED REPRESENTATIVE
Name	MASSON, ERIC
Address	13621 NW 12TH ST STE 130
City-State-Zip:	SUNRISE FL 33323

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: ERIC MASSON**AUTHORISED SIGNER****02/22/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date