

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000003307

Entity Name: DENTAL FIX RX, LLC

Current Principal Place of Business:

4380 OAKES ROAD
STE 814
DAVIE, FL 33314

Current Mailing Address:

4380 OAKES ROAD
STE 814
DAVIE, FL 33314 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 MGR
Name LOPEZ, DAVID
Address 4380 OAKES ROAD
City-State-Zip: DAVIE FL 33314

Title MEMBER
Name WOODHOUSE HOLDINGS, LLC
Address SUITE 814 4380 OAKES RD
City-State-Zip: DAVIE FL 33314

Title MEMBER
Name DENTAL WHALE, LLC
Address SUITE 120 13621 NW 12TH STREET
City-State-Zip: SUNRISE FL 33323

Title AUTHORIZED PERSON
Name MASSON, ERIC
Address SUITE 120 6572 HWY. 92
City-State-Zip: ACWORTH GA 30102

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

AUTHORIZED PERSON

04/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date