

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000003307

Entity Name: DENTAL FIX RX, LLC

Current Principal Place of Business:

4581 WESTON RD
#860
WESTON, FL 33331

Current Mailing Address:

4581 WESTON RD
860
WESTON, FL 33331 US

FEI Number: 27-0509167

Certificate of Status Desired: Yes

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 DENTAL WHALE, LLC
Address 4581 WESTON RD
860
City-State-Zip: WESTON FL 33331

Title AUTHORIZED REPRESENTATIVE
Name LOPEZ, DAVID
Address 5690 HANCOCK RD
City-State-Zip: SOUTHWEST RANCHES FL 33330

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: DAVID LOPEZ

MGR

10/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date