

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000012514

Entity Name: BLUE WAVE ORTHO PARTNERS, PLLC

Current Principal Place of Business:

1773 WEST FLETCHER AVENUE
TAMPA, FL 33612-1820

Current Mailing Address:

C/O FELDMAN ORTHODONTICS
1773 WEST FLETCHER AVENUE
TAMPA, FL 33612-1820 US

FEI Number: 81-1498112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUE WAVE DENTAL GROUP PLLC
1773 W FLETCHER AVENUE
TAMPA, FL 33612 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: DR RANDY FELDMAN

04/16/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FELDMAN, RANDY M DDS MS
Address 1773 WEST FLETCHER AVENUE
City-State-Zip: TAMPA FL 33612-1820

Title MGR
Name MCDOWELL, ERNEST H DMD
Address 1773 WEST FLETCHER AVENUE
City-State-Zip: TAMPA FL 33612-1820

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: DR RANDY FELDMAN

MGR

04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date