

**2020 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

06/08/2020

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 SIERRA, FRANK J DR  
Address C/O FELDMAN ORTHODONTICS  
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

PRESIDENT

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date