

**2017 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:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            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:** RANDY FELDMAN DDS MS

MGR

03/20/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date