2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000154754

Entity Name: DENTAL ASSOCIATES OF SOUTH LAKELAND PRACTICE

MANAGEMENT, LLC

Current Principal Place of Business:

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

Current Mailing Address:

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

FEI Number: 81-3645650 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DRIVE SARASOTA, FL 34240 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: RUSSELL ALLEN 04/27/2018

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR

Name DENTAL CARE ALLIANCE, L.L.C.
Address 6240 LAKE OSPREY DRIVE
City-State-Zip: SARASOTA FL 34240

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: DENTAL CARE ALLIANCE, L.L.C.

MGR

04/27/2018

FILED Apr 27, 2018

Secretary of State

CC5722935847

Date