

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000154767

**Entity Name:** DENTAL ASSOCIATES OF TAMPA PRACTICE MANAGEMENT, LLC

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**6675788359CC**

**Current Principal Place of Business:**

6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**Current Mailing Address:**

6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**FEI Number: 81-3672585**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T 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 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: JENNIFER BRAUE**

**ACCOUNTANT**

**04/24/2024**

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

\_\_\_\_\_  
Date