

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000126124

Entity Name: SMILE DENTAL CLINIC PLLC

Current Principal Place of Business:

9500 BONITA BEACH RD.
SUITE 301
BONITA SPRINGS, FL 34135

Current Mailing Address:

9500 BONITA BEACH RD.
SUITE 301
BONITA SPRINGS, FL 34135 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
5811 PELICAN BAY BLVD.
SUITE 650
NAPLES, FL 34108 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 ANDISCO, SAMANTA
Address 9500 BONITA BEACH RD.
SUITE 301
City-State-Zip: BONITA SPRINGS FL 34135

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: SAMANTA ANDISCO

MANAGER

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date