

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000025445

**Entity Name:** IMPLANT PERIODONTAL NORTH TAMPA, PLLC

**Current Principal Place of Business:**

3450 E. FLETCHER AVENUE, SUITE 340  
TAMPA, FL 33613

**Current Mailing Address:**

3450 E. FLETCHER AVENUE, SUITE 340  
TAMPA, FL 33613 US

**FEI Number:** 82-4214157

**Certificate of Status Desired:** No

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

RASMUSSEN, RICHARD A JR  
3450 E. FLETCHER AVENUE, SUITE 340  
TAMPA, FL 33613 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:** RICHARD A RASMUSSEN, JR.

04/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RASMUSSEN, RICHARD A D.D.S  
Address 3450 E. FLETCHER AVENUE, SUITE  
340  
City-State-Zip: TAMPA FL 33613

*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:** RICHARD RASMUSSEN

MANAGER

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date