

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000164087

Entity Name: PROFESSIONAL DENTAL ALLIANCE OF BEACHSIDE, PLLC

Current Principal Place of Business:

11 S MILL ST
SUITE 200
NEW CASTLE, PA 16101

Current Mailing Address:

11 S MILL ST
SUITE 200
NEW CASTLE, PA 16101 US

FEI Number: 32-0572776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MEMBER
Name MATTA, ANDREW
Address 11 S MILL ST
SUITE 200
City-State-Zip: NEW CASTLE PA 16101

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: ANDREW MATTA

MEMBER

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date