

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000164087

Entity Name: PROFESSIONAL DENTAL ALLIANCE OF BEACHSIDE, PLLC

Current Principal Place of Business:

125 ENTERPRISE DR.
SUITE 200
PITTSBURGH, PA 15275

Current Mailing Address:

125 ENTERPRISE DR.
SUITE 200
PITTSBURGH, PA 15275 US

FEI Number: 32-0572776

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: STEPHANIE HENCZ

04/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name SPELIOS, LOUIS
Address 125 ENTERPRISE DR.
SUITE 200
City-State-Zip: PITTSBURGH PA 15275

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: LOUIS SPELIOS

MEMBER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date