2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2025
Secretary of State
0858415227CC

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Entity Name: JAX IMPLANTS AND DENTURES, PLLC

Current Principal Place of Business:

11645 BEACH BLVD
#101
JACKSONVILLE, FL 32246

Current Mailing Address:

11645 BEACH BLVD
#101
JACKSONVILLE, FL 32246 US

FEI Number: 85-0822415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSSELL, WILLIAM SPENCER
11645 BEACH BLVD
STE 101
JACKSONVILLE, FL 32246 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: WILLIAM RUSSELL 01/07/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	RUSSELL, WILLIAM DMD	Name	MCREE, ALEX DMD
Address	11645 BEACH BLVD #101	Address	11645 BEACH BLVD #101
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

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: WILLIAM RUSSELL OWNER 01/07/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date