

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000103071

**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

01/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGR  
Name MCREE, ALEX DMD  
Address 11645 BEACH BLVD  
#101  
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

MGR

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date