

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000214657

**Entity Name:** GULF COAST ORAL SURGERY LLC

**Current Principal Place of Business:**

4427 ROWAN RD  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

16688 N DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number:** 85-2215708

**Certificate of Status Desired:** No

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

YARBROUGH, RONALD L  
16688 N. DALE MABRY HWY  
TAMPA, FL 33618 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            OWNER  
Name            YARBROUGH, RONALD  
Address        4427 ROWAN RD  
City-State-Zip: NEW PORT RICHEY FL 34653

Title            MANAGER  
Name            LARKIN, BRANDON  
Address        16688 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

*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:** RONALD YARBROUGH

**MANAGER**

**04/09/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date