

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000234626

Entity Name: COASTAL PERIODONTICS PRACTICE, PLLC

Current Principal Place of Business:

82 BEAL PARKWAY SW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

82 BEAL PARKWAY SW
FORT WALTON BEACH, FL 32548 US

FEI Number: 85-2639350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAUMAN, STEVEN B
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 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 MGR
Name BARTRUFF, JEFFREY D.M.D.
Address 3961 INDIAN TRAIL
City-State-Zip: DESTIN FL 32541

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: JEFFREY BARTRUFF, D.M.D.

MANAGER

02/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date