

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000366717

Entity Name: BOCA DENTAL MED SPA, LLC

Current Principal Place of Business:

6063 SW 18TH STREET SUITE 105
BOCA RATON, FL 33433

Current Mailing Address:

6063 SW 18TH STREET SUITE 105
BOCA RATON, FL 33433 US

FEI Number: 85-3591517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARE ONE DENTAL ADMINISTRATION INC
2275 S. FEDERAL HIGHWAY #310
DELRAY BEACH, FL 33483 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: NICOLE MARON

01/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CARE ONE DENTAL ADMINISTRATION
INC
Address 2275 S. FEDERAL HIGHWAY
City-State-Zip: DELRAY BEACH FL 33483

Title MGR
Name FACIALMANIA LLC
Address 16950 JOG RD, STE. 111
City-State-Zip: DELRAY BEACH FL 33446

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: NICOLE MARON

MANAGING MEMBER

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date