

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000343585

**Entity Name:** IDEAL DENTAL - MILLENIA PLLC

**Current Principal Place of Business:**

4698 GARDENS PARK BLVD  
ORLANDO, FL 32839

**Current Mailing Address:**

4698 GARDENS PARK BLVD  
ORLANDO, FL 32839 US

**FEI Number:** 87-2216217

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name DOAN, DDS MATTHEW  
Address 4698 GARDENS PARK BLVD  
City-State-Zip: ORLANDO FL 32839

Title MEMBER  
Name COUSSA, DMD JOSHUA  
Address 4698 GARDENS PARK BLVD  
City-State-Zip: ORLANDO FL 32839

*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:** DMD JOSHUA COUSSA

MEMBER

03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date