

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000348218

Entity Name: GULF COAST PEDIATRIC DENTAL SPECIALISTS PLLC

Current Principal Place of Business:

107 NE1ST AVE
OCALA, FL 34470

Current Mailing Address:

PO BOX 370037
MIAMI, FL 33137 US

FEI Number: 81-1419106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATANDA, OLAMIDE
107 NE 1ST AVE
OCALA, FL 34470 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 P
Name ATANDA, OLAMIDE
Address PO BOX 370037
City-State-Zip: MIAMI FL 33137

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: OLAMIDE ATANDA

MANAGER

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date