

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000421622

**Entity Name:** KLA IMPLANTS: ORAL SURGERY CENTER, PLLC

**Current Principal Place of Business:**

15989 JOHNS LAKE OVERLOOK DR.  
WINTER GARDEN , FL 34787

**Current Mailing Address:**

15989 JOHNS LAKE OVERLOOK DR.  
WINTER GARDEN, FL 34787

**FEI Number:** 87-2948693

**Certificate of Status Desired:** Yes

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

ANDERSON, KENNETH III  
15989 JOHNS LAKE OVERLOOK DR.  
WINTER GARDEN , FL 34787 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 AMBR  
Name ANDERSON, KENNETH III  
Address 15989 JOHNS LAKE OVERLOOK DR.  
City-State-Zip: WINTER GARDEN FL 34787

*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:** KENNETH ANDERSON

**PRINCIPAL**

**03/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date