

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000421622

Entity Name: KLA IMPLANTS: ORAL SURGERY CENTER, PLLC

Current Principal Place of Business:

4372 COMMERCIAL WAY
SPRING HILL, FL 34606

Current Mailing Address:

15989 JOHNS LAKE OVERLOOK DR.
WINTER GARDEN, FL 34787

FEI Number: 87-2948693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, KENNETH III
4372 COMMERCIAL WAY
SPRING HILL, FL 34606 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 III

OWNER

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date