

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000530847

Entity Name: NORTHPOINT DENTAL, PLLC

Current Principal Place of Business:

11257 ALTA DRIVE
SUITES 101-102
JACKSONVILLE, FL 32226

Current Mailing Address:

13953 STRONG EAGLE DR.
JACKSONVILLE, FL 32226 US

FEI Number: 87-4365418

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL JAGHAB, LLC
13953 STRONG EAGLE DR
JACKSONVILLE, FL 32226 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: PAUL JAGHAB

01/18/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------------------|-----------------|----------------------------------|
| Title | MGR | Title | MGR |
| Name | MAKARY, SARA R | Name | JAGHAB, PAUL V |
| Address | 11257 ALTA DRIVE, SUITES 101-102 | Address | 11257 ALTA DRIVE, SUITES 101-102 |
| City-State-Zip: | JACKSONVILLE FL 32226 | City-State-Zip: | JACKSONVILLE FL 32226 |

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: SARA MAKARY

OWNER

01/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date