2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2024
Secretary of State
9499401255CC

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Entity Name: PLUS ONE DENTAL MEMBERSHIP PLANS LLC

Current Principal Place of Business:

2423 SOUTH ORANGE AVENUE
SUITE 102
ORLANDO, FL 32806

Current Mailing Address:

2423 SOUTH ORANGE AVENUE
SUITE 102
ORLANDO, FL 32806

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEW CLARENDON FAMILY PARTNERS LLC
2423 SOUTH ORANGE AVENUE
SUITE 102
ORLANDO, FL 32806 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	AUTHORIZED MEMBER
Name	NCP DENTAL OF FLORIDA P.C.
Address	2423 SOUTH ORANGE AVENUE SUITE 102
City-State-Zip:	ORLANDO FL 32806

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: DR.WILLIAM ATKINSON — VICE PRESIDENT OF MANAGING MEMBER — 04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date