

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000347883

Entity Name: FLORIDA ORAL AND MAXILLOFACIAL SURGERY OF WELLINGTON, LLC

Current Principal Place of Business:

15170 N. FLORIDA AVENUE
TAMPA, FL 33613

Current Mailing Address:

15170 N. FLORIDA AVENUE
TAMPA, FL 33613 US

FEI Number: 46-5754024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TK REGISTERED AGENT, INC.
101 EAST KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33602 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 MGR
Name BARBICK, MICHAEL
Address 15170 N. FLORIDA AVENUE
City-State-Zip: TAMPA FL 33613

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: MICHAEL BARBICK

MANAGER

02/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date