

**2024 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: NOT APPLICABLE**

**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**

**01/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date