

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008512

**Entity Name:** DENTAL WARD OFFICE, LLC

**Current Principal Place of Business:**

5200 NORTH ARMENIA AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

5200 NORTH ARMENIA AVENUE  
TAMPA, FL 33603

**FEI Number:** 01-0688193

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WARD, WHITAKER  
5200 NORTH ARMENIA AVENUE  
TAMPA, FL 33603 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:** WARD C WHITAKER

05/24/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WHITAKER, WARD DR  
Address 5200 NORTH ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33603

*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:** WARD WHITAKER

PRESIDENT

05/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date