## **2021 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 04/12/2021

Electronic Signature of Registered Agent

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 C WHITAKER

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/12/2021

FILED Apr 12, 2021

**Secretary of State** 

9392348388CC

Date

Date