

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013346

**FILED  
Jan 04, 2011  
Secretary of State**

**Entity Name:** DENTAL PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

15 SARANAC RD  
SEA RANCH LAKES, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

15 SARANAC RD  
SEA RANCH LAKES, FL 33308

**New Mailing Address:**

**FEI Number:** 73-1643763      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MUCKEY, STEVEN D  
15 SARANAC RD  
SEA RANCH LAKES, FL 33308      US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MUCKEY, STEVEN D  
**Address:** 15 SARANAC RD  
**City-St-Zip:** SEA RANCH LAKES, FL 33308

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVEN D. MUCKEY      MGR      01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date