

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065378

FILED
Apr 05, 2009
Secretary of State

Entity Name: THE FAMILY AND COSMETIC DENTISTRY CENTER OF DUNDEE OF THOMAS A. FELLNER, DDS, AND JAMIE W. ODOM, DMD, LLC

Current Principal Place of Business:

28029 US HWY 27 SOUTH
DUNDEE, FL 33838 US

New Principal Place of Business:

Current Mailing Address:

715 SOUTH BROADWAY AVE
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 20-5124109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELLNER, THOMAS A
715 SOUTH BROADWAY AVE
BARTOW, FL 33830 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: MGRM () Delete
Name: THOMAS A. FELLNER, D, DS, PA
Address: 715 SOUTH BROADWAY AVE
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM () Delete
Name: JAMIE W. ODOM, DMD,, PA
Address: 715 SOUTH BROADWAY AVE
City-St-Zip: BARTOW, FL 33830 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS A. FELLNER, DDS. PRES 04/05/2009

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