

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034359

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ORLANDO FAMILY DENTAL, LLC

**Current Principal Place of Business:**

3300 S HIAWASSEE RD  
101  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

3300 S HIAWASSEE RD  
101  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 20-3232694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTANO, RAUL  
9191 BALMORAL MEWS SQUARE  
WINDERMERE, FL 34786 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  
**Name:** CASTANO, RAUL  
**Address:** 3300 SOUTH HIAWASSEE RD. SUITE 101  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** MGRM  
**Name:** NATALIA CASTANO, PA  
**Address:** 9191 BALMORAL MEWS SQUARE  
**City-St-Zip:** WINDERMERE, FL 34786

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: RAUL CASTANO

MGMR

04/24/2012

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