

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007517

**FILED**  
**Jun 26, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA DENTAL HOLDINGS, PLLC

**Current Principal Place of Business:**

951 BROKEN SOUND PKWY  
STE 185  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PKWY  
STE 185  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILLENS, DAVID  
951 BROKEN SOUND PKWY  
STE 185  
BOCA RATON, FL 33487 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZIEGLER, NEAL  
Address: 951 BROKEN SOUND PKWY - STE 185  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

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: NEAL ZIEGLER

MGR

06/26/2009

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