2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# L08000049192

Entity Name: PEDIATRIC DENTISTRY AT LAKE NONA, LLC

Current Principal Place of Business:

3865 SHOREVIEW DR.
KISSIMMEE, FL 34744

New Principal Place of Business:

9161 NARCOOSSEE RD
101
ORLANDO, FL 32827

Current Mailing Address:

3865 SHOREVIEW DR.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 71-1051485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AINA, OLUBISI O DR.
8730 HASTINGS BEACH BLVD
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

AINA, OLUBISI O DR.
3865 SHOREVIEW DR
KISSIMMEE, FL 34744 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: OLUBISI AINA 03/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AINA, OLUBISI DR
Address: 3865 SHOREVIEW DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR ( ) Delete
Name: HERNANDEZ, LINNETTE DR
Address: 528 E 79TH STREET, #1B
City-St-Zip: NEW YORK, NY 10075

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: OLUBISI AINA MGR 03/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date