

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083765

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN DENTAL OF FLORIDA--MARGATE, LLC

**Current Principal Place of Business:**

1509 STATE ROAD 7 # H  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

1509 STATE ROAD 7 # H  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 26-3291016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AZAR, DIEGO  
6866 NW 81ST CT.  
PARKLAND, FL 33067 US

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

KERNS, JAMES  
2991 MYRTLE OAK CIRCLE  
DAVIE, FL 33328 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: JAMES KERNS

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KERNS, JAMES  
Address: 2991 MYRTLE OAK CIRCLE  
City-St-Zip: DAVIE, FL 3328 US

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: JAMES KERNS

MGR

04/19/2011

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