

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083765

FILED  
Apr 23, 2012  
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:**

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

PRES

04/23/2012

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