

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 06, 2009  
Secretary of State**

DOCUMENT# L08000095841

Entity Name: AMELIA ISLAND DENTAL ADMINISTRATION, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

2106 KEATON CHASE DRIVE  
ORANGE PARK, FL 32003 US

**Current Mailing Address:**

**New Mailing Address:**

2106 KEATON CHASE DRIVE  
ORANGE PARK, FL 32003 US

FEI Number: 26-3512087      FEI Number Applied For ( )      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:**

SHOCHET, RANDALL M  
1880 N. CONGRESS AVENUE  
SUITE 205  
BOYNTON BEACH, FL 33426 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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: MASSEY, DREW  
Address: 2106 KEATON CHASE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003 US

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: DREW MASSEY

MGR

07/06/2009

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