

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100236

FILED
Aug 31, 2009
Secretary of State

Entity Name: TA DENTAL INNOVATIONS LLC

Current Principal Place of Business:

1200 N.W. 17TH AVENUE, SUITE 5
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1200 N.W. 17TH AVENUE, SUITE 5
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, BART A
C/O GENOVESE JABLOVE BATTISTA, P.A.
200 EAST BROWARD BLVD., SUITE 1110
FT. LAUDERDALE, FL 33301 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: MGR () Delete
Name: ARCAINI, TONIO G.B.
Address: 1200 N.W. 17TH AVENUE, SUITE 5
City-St-Zip: DELRAY BEACH, FL 33445

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: TONIO G.B. ARCAINI

MGR

08/31/2009

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