2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2010
Secretary of State

DOCUMENT# L09000007703

Entity Name: WEKIVA SPRINGS DENTAL CARE LLC

Current Principal Place of Business:

407 WEKIVA SPRINGS RD
SUITE 119
LONGWOOD, FL 32791 US

New Principal Place of Business:

Current Mailing Address:

407 WEKIVA SPRINGS RD
SUITE 119
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 26-4127634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHARY, CARLOS F
407 WEKIVA SPRINGS RD
SUITE 119
LONGWOOD, FL 32791 US

Name and Address of New Registered Agent:

JOHARY, C F
407 WEKIVA SPRINGS RD
SUITE 119
LONGWOOD, FL 32791 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: CF JOHARY 03/01/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JOHARY, C F
Address: 407 WEKIVA SPRINGS RD, #119
City-St-Zip: LONGWOOD, FL 32791

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 Statues.

SIGNATURE: CF JOHARY PRES 03/01/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date