2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2011
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, C F
407 WEKIVA SPRINGS RD
SUITE 119
LONGWOOD, FL 32791 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
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: C F JOHARY MGR 04/04/2011

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