2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106363

Entity Name: INNOVATION DENTISTRY, P.L.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8276 MARITIME FLAG STREET 9145 NARCOOSSEE RD. UNIT 1214 SUITE A-100

WINDERMERE, FL 34786 ORLANDO, FL 32827

Current Mailing Address: New Mailing Address:

8276 MARITIME FLAG STREET UNIT 1214 WINDERMERE, FL 34786

FEI Number: 39-2067055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH AEBEL, ERIN ESQ.

SHUMAKER, LOOP & KENDRICK LLP

101 E. KENNEDY BLVD., SUITE 2800

TAMPA, FL 33602 US

RAMIREZ, SHEILA Y DMD
8276 MARITIME FLAG ST.
1214
ORLANDO, FL 34786 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: SHEILA Y. RAMIREZ 03/20/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: PRES () Delete Title: () Change () Addition

 Name:
 MELENDEZ, CARLOS H DMD
 Name:

 Address:
 8276 MARITIME FLAG ST #1214
 Address:

 City-St-Zip:
 WINDERMERE, FL 34786
 City-St-Zip:

Title: () Delete Title: VP () Change (X) Addition Name: RAMIREZ, SHEILA Y DMD Address: Address: Address: 8276 MARITIME FLAG ST #1214 City-St-Zip: WINDERMERE, FL 34786

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: CARLOS H. MELENDEZ PRES 03/20/2009