

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106363

FILED
Apr 27, 2010
Secretary of State

Entity Name: INNOVATION DENTISTRY, P.L.

Current Principal Place of Business:

9145 NARCOOSSEE RD.
SUITE A-100
ORLANDO, FL 32827

New Principal Place of Business:

Current Mailing Address:

8276 MARITIME FLAG STREET
UNIT 1214
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 39-2067055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, SHEILA Y DMD
8276 MARITIME FLAG ST.
1214
ORLANDO, FL 34786 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: PRES
Name: MELENDEZ, CARLOS H DMD
Address: 8276 MARITIME FLAG ST #1214
City-St-Zip: WINDERMERE, FL 34786

Title: VP
Name: RAMIREZ, SHEILA Y DMD
Address: 8276 MARITIME FLAG ST #1214
City-St-Zip: WINDERMERE, FL 34786

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 Statutes.

SIGNATURE: CARLOS H. MELENDEZ

PRES

04/27/2010

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