

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074282

Entity Name: DENTIMED SAO JOAO LLC

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

2213 N COMMERCE PKWY  
FORT LAUDERDALE, FL 33326 US

**New Principal Place of Business:**

765 SHOTGUM ROAD  
SUNRISE, FL 33326 US

**Current Mailing Address:**

2213 N COMMERCE PKWY  
FORT LAUDERDALE, FL 33326 US

**New Mailing Address:**

765 SHOTGUM ROAD  
SUNRISE, FL 33326 US

FEI Number: 27-0673670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DA SILVA SUAREZ, ANGELINA  
2213 N COMMERCE PKWY  
FORT LAUDERDALE, FL 33326 US

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

DA SILVA SUAREZ, ANGELINA  
765 SHOTGUM ROAD  
SUNRISE, FL 33326 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: ANGELINA DA SILVA SUAREZ

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DA SILVA SUAREZ, ANGELINA  
Address: 765 SHOTGUM ROAD  
City-St-Zip: SUNRISE, FL 33326 US

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: ANGELINA DA SILVA SUAREZ

MGR

04/24/2012

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