

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000098241

**Entity Name:** DOCTORS ALLIANCE DENTAL LAB, LLC

**Current Principal Place of Business:**

870 MACK BAYOU ROAD  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

870 MACK BAYOU ROAD  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 27-1110338

**Certificate of Status Desired:** No

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

ARNETT & KERRIGAN, P.L.  
600 GRAND BOULEVARD  
SUITE 206  
MIRAMAR BEACH, FL 32550 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	O'DONNELL, MICHAEL T	Name	O'DONNELL, LAN Q
Address	469 TURQUOISE BEACH DRIVE	Address	469 TURQUOISE BEACH DRIVE
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL T. O'DONNELL

MGR

04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date