

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000721

FILED
May 01, 2009
Secretary of State

Entity Name: ORTHODONTIC EDUCATION, LTD.

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE, STE. 28
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE, STE. 3
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE, STE. 28
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE, STE. 3
PONTE VEDRA BEACH, FL 32082

FEI Number: 32-0016241 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
KIRSCHNER & LEGLER, P.A.
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 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

GENERAL PARTNER INFORMATION:

Document #: P02000055388
Name: ORTHODONTIC EDUCATION COMPANY
Address: 5000 SAWGRASS VILLAGE CIRCLE, STE. 3
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: GASPER LAZZARA

P

05/01/2009

Electronic Signature of Signing General Partner

Date