

2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000721

FILED
Apr 28, 2010
Secretary of State

Entity Name: ORTHODONTIC EDUCATION, LTD.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 32-0016241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: MARC FRAGA

Electronic Signature of Signing General Partner

04/28/2010

Date