

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009180

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** ARNOLD PEDIATRIC DENTISTRY ASSOCIATES, L.C.

**Current Principal Place of Business:**

4800 NE 20 TERRACE,  
SUITE 205  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4800 NE 20 TERRACE, #205  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 65-1030631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOBBINS, B. ALAN III  
2601 E. OAKLAND PARK BLVD., #400  
FORT LAUDERDALE, FL 33306 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: MGRM  
Name: ARNOLD, PATRICK B DMD  
Address: 4800 NE 20 TERRACE, #205  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: PATRICK ARNOLD

OWN

02/15/2010

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