

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010632

FILED
Jul 13, 2009
Secretary of State

Entity Name: STUART DENTAL CARE LLC

Current Principal Place of Business:

201 E OSCEOLA STREET
STUART, FL 34994

New Principal Place of Business:

201 E OSCEOLA STREET
3RD FLOOR
STUART, FL 34994

Current Mailing Address:

201 E OSCEOLA STREET
STUART, FL 34994

New Mailing Address:

201 E OSCEOLA STREET
3RD FLOOR
STUART, FL 34994

FEI Number: 65-1030302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOHL, MICHAEL A DDS
201 E OSEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

SOHL, MICHAEL A DDS
201 E OSEOLA STREET
3RD FLOOR
STUART, FL 34994 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: MICHAEL A. SOHL DDS

07/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: SOHL, MICHAEL A
Address: 201 E. OSEOLA STREET
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
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 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: MICHAEL A. SOHL DDS

S

07/13/2009

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