2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L01000002229

Entity Name: MICHAEL S. GERIC, D.M.D., M.S., P.L.

Current Principal Place of Business:

10870 SHELDON RD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

10870 SHELDON RD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3707777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERIC, AMY L
10870 SHELDON ROAD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

GERIC, AMY L MGR
10870 SHELDON ROAD
TAMPA, FL 33626 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: AMY L. GERIC 01/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GERIC, MICHAEL S D.M.D.
Address: 10870 SHELDON RD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: DR. (X) Change ( ) Addition
Name: GERIC, MICHAEL S D.M.D.
Address: 10870 SHELDON RD
City-St-Zip: TAMPA, FL 33626

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: AMY L. GERIC MGR 01/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date