

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004798

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** COLLIER ORAL SURGERY AND IMPLANT CENTER, PLLC

**Current Principal Place of Business:**

1890 S.W. HEALTH PARKWAY  
STE. 102  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1890 S.W. HEALTH PARKWAY  
STE. 102  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 52-2307329      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MOE, SEIN  
1890 SW HEALTH PKWY  
SUITE 102  
NAPLES, FL 34109 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: MGR ( ) Delete  
Name: MOE, DR SEIN  
Address: 6683 MANGROVE WAY  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOE, DR SEIN  
Address: 15187 BROLIO WAY  
City-St-Zip: NAPLES, FL 34110

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: SEIN MOE

MGM

05/03/2009

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