2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

DOCUMENT# L01000004798

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 ( )**

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
Name: MOE, DR SEIN
Address: 15187 BROLIO WAY
City-St-Zip: NAPLES, FL 34110

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 Statues.

SIGNATURE: SEIN MOE MGR 01/13/2010

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