2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L01000006037

Entity Name: BRADLEY T. PIOTROWSKI, D.D.S., M.S.D., LLC

Current Principal Place of Business:

1044 CASTELLO DRIVE
202
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
202
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3712879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCARDLE, MICHAEL W
850 PARK SHORE DRIVE
TRIANON CENTRE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

ROETZELL AND ANDRESS
850 PARK SHORE DRIVE
TRIANON CENTRE
NAPLES, FL 34103 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: BRADLEY T. PIOTROWSKI, DDS, MSD 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PIOTROWSKI, BRADLEY T
Address: 28820 WINTHROP CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

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: BRADLEY T. PIOTROWSKI, DDS, MSD MGR 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date