2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

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Entity Name: PERFECT SMILE DENTISTRY, L.L.C.

Current Principal Place of Business:

123OO S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

123OO S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 04-3626811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BATES, BARBARA
123OO S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414 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: MGRM
Name: BATES, BARBARA
Address: 123OO S. SHORE BLVD., STE. 208
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM
Name: AKEL, RASMI
Address: 12300 S SHORE BLVD STE 208
City-St-Zip: WELLINGTON, FL 33414

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: BARBARA BATES MNG 04/19/2011

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