

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006325

FILED
Apr 13, 2012
Secretary of State

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

Current Principal Place of Business:

12300 S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

12300 S. SHORE BLVD.
#208
WELLINGTON, FL 33414

Current Mailing Address:

12300 S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414

New Mailing Address:

12300 S. SHORE BLVD.
#208
WELLINGTON, FL 33414

FEI Number: 04-3626811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, BARBARA
12300 S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BATES, BARBARA
12300 S. SHORE BLVD.
#208
WELLINGTON, FL 33414 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: BARBARA BATES

04/13/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BATES, BARBARA
Address: 12300 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 Statutes.

SIGNATURE: BARBARA BATES

MNG

04/13/2012

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