

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010515

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** SCOTT F. JOHNSON D.M.D., M.S., L.L.C.

**Current Principal Place of Business:**

9170 GALLERIA COURT  
UNIT 100  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

9170 GALLERIA COURT  
UNIT 100  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 68-0501012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, SCOTT DR.  
9170 GALLERIA COURT  
UNIT 100  
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: MGRM  
Name: JOHNSON, SCOTT F  
Address: 9170 GALLERIA COURT UNIT 100  
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM  
Name: JOHNSON, KELLEY P  
Address: 9170 GALLERIA COURT  
City-St-Zip: NAPLES, FL 34109

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: SCOTT F JOHNSON

MMGR

01/05/2010

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