

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013844

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** ORTEGA FAMILY DENTISTRY, LLC

**Current Principal Place of Business:**

4114 HERSCHEL STREET  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

4114 HERSCHEL STREET  
106  
JACKSONVILLE, FL 32210 US

**Current Mailing Address:**

4114 HERSCHEL STREET  
#106  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

4114 HERSCHEL STREET  
106  
JACKSONVILLE, FL 32210 US

**FEI Number:** 02-0616402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEFFREY R. LUDWIG, P.A.  
5150 BELFORT ROAD SOUTH  
BUILDING 500  
JACKSONVILLE, FL 32256 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 ( ) Delete  
**Name:** HOLLAND, JOHN R DDS  
**Address:** 4114 HERSCHEL STREET #106  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

**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:** JOHN ROB HOLLAND

DR.

03/23/2009

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