

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017196

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** EXPRESS DENTAL CARE, LLC

**Current Principal Place of Business:**

5100 W. LEMON ST  
STE 109  
TAMPA, FL 33609

**New Principal Place of Business:**

1213 ROXMERE STREET  
TAMPA, FL 33629

**Current Mailing Address:**

5100 W. LEMON ST  
STE 109  
TAMPA, FL 33609

**New Mailing Address:**

PO BOX 6787  
BRANDON, FL 33508

**FEI Number:** 30-0095279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHIDDEN, STACEY  
5100 W. LEMON ST  
STE 109  
TAMPA, FL 33609 US

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

WHIDDEN, STACEY  
1213 ROXMERE STREET  
TAMPA, FL 33629 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:

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHIDDEN, STACEY L  
Address: 1213 ROXMERE STREET  
City-St-Zip: TAMPA, FL 33629

Title: MGRM  
Name: WHIDDEN, STACEY MGRM  
Address: 1213 ROXMERE STREET  
City-St-Zip: TAMPA, FL 33629 US

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: STACEY L. WHIDDEN

MGRM

04/18/2011

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