

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022201

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** PARADISE DENTAL, L.L.C.

**Current Principal Place of Business:**

1711 LAKEWOOD RANCH BLVD.  
BRADENTON, FL 34211

**New Principal Place of Business:**

**Current Mailing Address:**

1711 LAKEWOOD RANCH BLVD.  
BRADENTON, FL 34211

**New Mailing Address:**

**FEI Number:** 82-0549611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTRO, GEORGE W  
6803 STAGGERBUSH GLEN  
BRADENTON, FL 34202 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:** MGR  
**Name:** CASTRO, GEORGE W DDS  
**Address:** 6803 STAGGERBUSH GLEN  
**City-St-Zip:** BRADENTON, FL 34202

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:** GEORGE W CASTRO, DDS

MGR

01/12/2010

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