

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025656

FILED
Apr 01, 2009
Secretary of State

Entity Name: THE DENTAL LASER CENTER, L.C.

Current Principal Place of Business:

127 N. KINGSWAY ROAD
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

127 N. KINGSWAY ROAD
BRANDON, FL 33510

New Mailing Address:

FEI Number: 22-3878903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, STEVEN P
4805 WEST LAUREL STREET, SUITE 230
TAMPA, FL 33607 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: GORDILLO, ANDREA D DMD,PA
Address: 127 N. KINGSWAY ROAD
City-St-Zip: BRANDON, FL 33510

Title: MGRM () Delete
Name: WATERMAN, BRUCE D DMD,PA
Address: 127 N. KINGSWAY ROAD
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE D. WATERMAN

MGRM

04/01/2009

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