

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025656

**FILED**  
**Mar 24, 2010**  
**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:**

LAMBERT, JUDY  
673 N LUMSDEN RD  
BRANDON, FL 33511 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: JUDY LAMBERT

03/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GORDILLO, ANDREA D DMD,PA  
Address: 127 N. KINGSWAY ROAD  
City-St-Zip: BRANDON, FL 33510

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

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: BRUCE D. WATERMAN

MGRM

03/24/2010

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