2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

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Entity Name: DAVID W. MAXWELL, D.M.D., P.L.

Current Principal Place of Business:

4 PEARL DRIVE
SUITE 3
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4 PEARL DRIVE
SUITE 3
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 04-3721044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS, JAY W CPA
226 N NOVA ROAD
SUITE 182
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

PHYSICIANS RESOURCE LLC
200 E. GRANADA BLVD
SUITE 304
ORMOND BEACH, FL 32176 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: JAY LUCAS 04/27/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MAXWELL, DAVID W D.M.D.
Address: 115 ARLINGTON WAY
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR
Name: MAXWELL, LORI J MRS.
Address: 115 ARLINGTON WAY
City-St-Zip: ORMOND BEACH, FL 32176

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 Statues.

SIGNATURE: LORI J. MAXWELL MGR 04/27/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date