

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032387

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** WHITE WOLF DENTAL GROUP, PLC

**Current Principal Place of Business:**

1221 DUNLAWTON AVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

416 BLACK OAK LANE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

1221 DUNLAWTON AVE  
PORT ORANGE, FL 32127

**FEI Number:** 82-6575866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENZI, JOSEPH DMD  
416 BLACK OAK LANE  
ORMOND BEACH, FL 32174 US

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

VALENZI, JOSEPH J DMD  
1221 DUNLAWTON AVE.  
PORT ORANGE, FL 32127 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: JOSEPH VALENZI

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VALENZI, JOSEPH J DMD  
Address: 1221 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127

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: JOSEPH VALENZI

MGR

03/30/2010

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