

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014343

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** CENTER FOR SPECIALIZED DENTISTRY, LLC

**Current Principal Place of Business:**

2830 S.E. FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

9798 SE OSPREY PT. DR.  
HOBE SOUND, FL 33455

**New Mailing Address:**

74 N SEWALL'S POINT ROAD  
SEWALLS POINT, FL 34996

**FEI Number:** 11-3697263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOST, DOUGLAS S D.D.S.  
9798 S.E. OSPREY PT. DR.  
HOBE SOUND, FL 33455 US

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

MOST, DOUGLAS S D.D.S.  
74 N SEWALL'S POINT ROAD  
SEWALLS POINT, FL 34996 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:**

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** MOST, DOUGLAS S D.D.S.  
**Address:** 9798 SE OSPREY PT. DR.  
**City-St-Zip:** HOBE SOUND, FL 33455

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** MOST, DOUGLAS S D.D.S.  
**Address:** 74 N SEWALL'S POINT ROAD  
**City-St-Zip:** SEWALLS POINT, FL 34996

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:** DOUGLAS S MOST, DDS

MGR

03/25/2009

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