

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015451

Entity Name: DENTIHEALTH LLC

FILED  
Feb 06, 2009  
Secretary of State

**Current Principal Place of Business:**

150 SW CHAMBER COURT  
SUITE 201  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

150 SW CHAMBER COURT  
SUITE 201  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 20-0010640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CEGIELSKI, JAROSLAW D.M.D.  
5300 WOODLANDS BLVD.  
TAMARAC, FL 33319 US

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

CEGIELSKI, JAROSLAW D.M.D.  
150 SW CHAMBER COURT  
SUITE 201  
PORT ST LUCIE, FL 34986 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:

02/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CEGIELSKI, JAROSLAW D.M.D.  
Address: 5300 WOODLANDS BLVD.  
City-St-Zip: TAMARAC, FL 33319 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CEGIELSKI, JAROSLAW D.M.D.  
Address: 150 SW CHAMBER COURT #201  
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: JAROSLAW CEGIELSKI

MGR

02/06/2009

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