

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031617

FILED
Jan 28, 2009
Secretary of State

Entity Name: JOANNE DENTAL CENTER, LLC

Current Principal Place of Business:

14171 METROPOLIS AVENUE
SUITE 201
FORT MYERS, FL 33912

New Principal Place of Business:

13300-46 S CLEVELAND AVENUE
FORT MYERS, FL 33907

Current Mailing Address:

14171 METROPOLIS AVENUE
SUITE 201
FORT MYERS, FL 33912

New Mailing Address:

13300-46 S CLEVELAND AVENUE
FORT MYERS, FL 33907

FEI Number: 56-2313975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LU, JOANNE
14171 METROPOLIS AVE STE 201
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

LU, JOANNE
13300-46 S CLEVELAND AVENUE
FORT MYERS, FL 33907 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: JOANNE LU

01/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LU, JOANNE
Address: 14171 METROPOLIS AVENUE, #201
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LU, JOANNE
Address: 13300-46 S CLEVELAND AVENUE
City-St-Zip: FORT MYERS, FL 33907

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: JOANNE LU

MGRM

01/28/2009

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