

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000008243

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** WRIGHT DENTAL CARE, LLC

**Current Principal Place of Business:**

2938 W. BAY DRIVE  
SUITE C  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2938 W. BAY DRIVE  
SUITE C  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

**FEI Number:** 20-0788955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, SCOTT D  
2938 W BAY DRIVE  
SUITE C  
BELLEAIR BLUFFS, FL 33770 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WRIGHT, SCOTT DR  
**Address:** 2938 W BAY DRIVE SUITE C  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770

**Title:** MGRM  
**Name:** WRIGHT, ELIZABETH DR  
**Address:** 2938 W BAY DRIVE SUITE C  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770

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:** SCOTT WRIGHT

MGRM

06/14/2011

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