## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000020547

Entity Name: SOUTHEASTERN DENTAL GROUP, LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
6415 S. CHICKASAW T ORLANDO, FL 32829	RAIL			
Current Mailing Address:		New Mailing Address	5:	
6415 S. CHICKASAW T ORLANDO, FL 32829	RAIL			
FEI Number: 27-0089979	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
CHAPKIS, MARC DMD 6415 S. CHICKASAW TRAIL ORLANDO, FL 32829 US		MORRA, MICHAEL DMD 6415 S. CHICKASAW TRAIL ORLANDO, FL 32829 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: MICHAEL MORRA			01/14/2009
Electronic Signature of Registered Agent		Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANG	GES:
Title: Name: Address: City-St-Zip:	MGR ( ) Delete CHAPKIS, MARC DMD 6415 S. CHICKASAW TRAIL ORLANDO, FL 32829	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR ( ) Delete MORRA, MICHAEL DMD 6415 S. CHICKASAW TRAIL ORLANDO, FL 32829	Title: Name: Address: City-St-Zip:	() Change () Addition

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:	MICHAEL MORRA	MGR	01/14/2009	
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date				