

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065188

FILED
Apr 29, 2011
Secretary of State

Entity Name: ORAL APPLIANCE THERAPY, L.L.C.

Current Principal Place of Business:

2541 METROCENTRE BLVD
SUITE 3
WEST PALM BEACH, FL 33407

New Principal Place of Business:

901 NORTHPOINT PARKWAY
SUITE 405A
WEST PALM BEACH, FL 33407

Current Mailing Address:

2541 METROCENTRE BLVD
SUITE 3
WEST PALM BEACH, FL 33407

New Mailing Address:

901 NORTHPOINT PARKWAY
SUITE 405A
WEST PALM BEACH, FL 33407

FEI Number: 20-1774897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, DOUGLAS
2541 METROCENTRE BLVD
SUITE 3
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

PHILLIPS, DOUGLAS
901 NORTHPOINT PARKWAY
SUITE 405A
WEST PALM BEACH, FL 33407 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: DOUGLAS J PHILLIPS JR

04/29/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PHILLIPS, DOUGLAS
Address: 901 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

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: DOUGLAS J PHILLIPS JR

MGRM

04/29/2011

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