2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

DOCUMENT# L04000065652

Entity Name: CENTER FOR ORAL, DENTAL IMPLANT & MAXILLOFACIAL SURGERY OF TAMPA BAY, LLC

Current Principal Place of Business:

6515 GUNN HWY
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

6515 GUNN HWY
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 20-1596431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALIENTE, ERNESTO A DMD
6515 GUNN HWY
TAMPA, FL 33625 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: MGR
Name: VALIENTE, ERNESTO A
Address: 6515 GUNN HWY
City-St-Zip: TAMPA, FL 33625 US

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 Statues.

SIGNATURE: E VALIENTE GM 04/13/2010

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