## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000069458

Address:

City-St-Zip:

Entity Name: ASPROS & BADGER, D.M.D.S, PLLC

4843 QUAIL VALLEY ROAD

TALLAHASSEE, FL 32309

FILED Jan 07, 2008 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 2570 BARRINGTON CIRCLE TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 2570 BARRINGTON CIRCLE TALLAHASSEE, FL 32308 FEI Number: 56-2486188 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: BADGER, PETER DMD 6620 CHÉVY WAY DRIVE TALLAHASSEE, FL 32317 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition ASPROS, STEVEN D DMD Name: Name:

Address:

City-St-Zip:

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: STEVEN ASPROS MGMR 01/07/2008