

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078569

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** ORTHODONTICS MEDICAL AND PROFESSIONAL, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

14055 SOUTH TOWN LOOP BLVD  
SUITE 100  
ORLANDO, FL 32837

**Current Mailing Address:**

**New Mailing Address:**

14055 SOUTH TOWN LOOP BLVD  
SUITE 100  
ORLANDO, FL 32837

FEI Number: 20-1810255      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:**

DEJESUS, MARITZA  
610 LITTLE EAGLE CT  
CASSELBERRY, FL 32707 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:**

Title: MGRM ( ) Delete  
Name: DEJESUS, MARITZA  
Address: 610 LITTLE EAGLE CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
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: MARITZA DEJESUS

MGRM

04/29/2008

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