

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000081936

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** PAYNE AND PAYNE DENTISTRY, LLC

**Current Principal Place of Business:**

3015 JEFFERSON STREET  
SUITE D  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

3015 JEFFERSON STREET  
SUITE D  
MARIANNA, FL 32446 US

**New Mailing Address:**

**FEI Number:** 20-1951053      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAYNE, ROBERT W DDS  
3015 JEFFERSON STREET  
SUITE D  
MARIANNA, FL 32446 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:** MGRM  
**Name:** ROBERT WALTER PAYNE, DDS, P.A.  
**Address:** 3015 JEFFERSON STREET; SUITE D  
**City-St-Zip:** MARIANNA, FL 32446 US

**Title:** MGRM  
**Name:** MATTHEW R. PAYNE, D.M.D., P.A.  
**Address:** 3015 JEFFERSON STREET; SUITE D  
**City-St-Zip:** MARIANNA, FL 32446 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 Statutes.

SIGNATURE: ROBERT W PAYNE,DDS      MGRM      01/09/2012

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