2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# L04000089281

Entity Name: IMAGINE ORTHODONTICS OF FLORIDA, PLLC

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 3
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 3
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2132512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 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: DR.
Name: LAZZARA, GASPER
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 3
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GASPER LAZZARA DR. 04/26/2011

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