

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000090110

**FILED  
Apr 28, 2011  
Secretary of State**

**Entity Name:** NITIN SALLAPUDI, DDS, MSD, LLC

**Current Principal Place of Business:**

140 INDIAN AVENUE  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

140 INDIAN AVENUE  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 20-1999383      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BECHTOLD, DANIEL A  
240 S. NOKOMIS AVENUE, SUITE 200  
VENICE, FL 34285 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:** SALLAPUDI, NITIN DDS  
**Address:** 140 INDIAN AVENUE  
**City-St-Zip:** VENICE, FL 34285

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: NITIN SALLAPUDI      MGR      04/28/2011

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