

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091991

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** SMITH & SMITH DENTAL ASSCIATES, LLC.

**Current Principal Place of Business:**

1190 W. EDGEWOOD AVENUE, BLDG. B  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

1190 W. EDGEWOOD AVENUE, BLDG. B  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 83-0415420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, MILDRED  
1190 W. EDGEWOOD AVENUE, BLDG. B  
JACKSONVILLE, FL 32208 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: SMITH, JOSEPH E  
Address: 1190 W. EDGEWOOD AVE., BLDG. B  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM  
Name: SMITH, IVAN J  
Address: 1190 W. EDGEWOOD AVE., BLDG. B  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM  
Name: SMITH, ALISIA L  
Address: 1190 W. EDGEWOOD AV., BLDG. B  
City-St-Zip: JACKSONVILLE, FL 32208

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: ALISIA L. SMITH

MGRM

01/06/2010

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