

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091991

**FILED**  
**Mar 16, 2011**  
**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:**

SMITH, ALISIA  
1190 W. EDGEWOOD AVENUE, BLDG. B  
JACKSONVILLE, FL 32208 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: ALISIA SMITH

03/16/2011

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 SMITH

MGRM

03/16/2011

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