

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003745

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED DENTAL ENTERPRISES LLC

**Current Principal Place of Business:**

14201 WEST SUNRISE BLVD  
SUITE 106  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

14201 WEST SUNRISE BLVD  
SUITE 106  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 20-2146592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALPICA, OMAR A SR  
11960 NW 8 ST  
PLANTATION, FL 33325 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: MALPICA, OMAR A SR  
Address: 11960 NW 8 ST  
City-St-Zip: PLANTATION, FL 33325

Title: MGRM  
Name: MALPICA, FANNY  
Address: 11960 NW 8 ST  
City-St-Zip: PLANTATION, FL 33325

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: OMAR MALPICA

MGR

03/30/2010

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