

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010048

Entity Name: ABC DENTAL,LLC

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

2410 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2410 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 25-1909069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENHAMU, MICHAEL
2410 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

ARON, ROBERT S
2410 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 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: ROBERT S. ARON

04/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARON, ROBERT
Address: 2410 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Delete
Name: COHEN, RON
Address: 2410 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARON, ROBERT S
Address: 2410 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT S. ARON

MGRM

04/12/2009

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