

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020086

FILED
Mar 25, 2009
Secretary of State

Entity Name: ATLANTIC ORAL & MAXILLOFACIAL SURGERY, LLC

Current Principal Place of Business:

2830 SE FEDERAL HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2830 SE FEDERAL HWY
STUART, FL 34994

New Mailing Address:

74 N SEWALL'S POINT ROAD
SEWALL'S POINT, FL 34996

FEI Number: 74-3140767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOST, DOUGLAS S DDS
9798 SE OSPREY POINTE DRIVE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

MOST, DOUGLAS S DDS
74 N SEWALL'S POINT ROAD
SEWALLS POINT, FL 34996 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:

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOST, DOUGLAS S DDS
Address: 2830 SE FEDERAL HWY
City-St-Zip: STUART, FL 34994 57

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOST, DOUGLAS S DDS
Address: 74 N SEWALL'S POINT ROAD
City-St-Zip: SEWALLS POINT, FL 34996

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: DOUGLAS S MOST, DDS

MGR

03/25/2009

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