

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022899

FILED
Mar 23, 2009
Secretary of State

Entity Name: JACK A. DAVIDSON, D.D.S., M.D., PLLC

Current Principal Place of Business:

929 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511

New Principal Place of Business:

1165 NIKKI VIEW DRIVE
BRANDON, FL 33511

Current Mailing Address:

929 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511

New Mailing Address:

1165 NIKKI VIEW DRIVE
BRANDON, FL 33511

FEI Number: 36-4570822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, JUDITH S
669A WEST LUMSDEN ROAD
BRANDON, FL 33511 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: MGR () Delete
Name: DAVIDSON, JACK A DDS, MD
Address: 929 EAST BLOOMINGDALE AVENUE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIDSON, JACK A DDS, MD
Address: 1165 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511

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: JENNIFER J SCHUTTIG

ADMN

03/23/2009

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