

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040314

**Entity Name:** JOHN R. JORDAN, D.M.D., P.L.

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1515 N. FLAGLER DR.  
SUITE #360  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N FLAGLER DR.  
STE #360  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

1515 N. FLAGLER DR.  
SUITE #360  
WEST PALM BEACH, FL 33401

**FEI Number:** 16-1723151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JORDAN, JOHN R DMD  
1515 N. FLAGLER DRIVE,  
SUITE #360  
WEST PALM BEACH, FL 33401 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  
Name: JORDAN, JOHN R D.M.D.  
Address: 1515 N FLAGLER DRIVE, SUITE 360  
City-St-Zip: WEST PALM BEACH, FL 33401

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: JOHN R. JORDAN DMD

MGR

01/04/2012

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