

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053456

Entity Name: MIRACLE DENTISTRY, LLC

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

9449 SHERIDIAN STREET
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

9449 SHERIDAN STREET
COOPER CITY, FL 33024

New Mailing Address:

9449 SHERIDIAN STREET
COOPER CITY, FL 33024

FEI Number: 20-2917621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COREY, RICHARD P
9449 SHERIDAN STREET
COOPER CITY, FL 33024 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 () Delete
Name: MAYCO DENTAL, P.A.,
Address: 351 SW 187 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: DORA E. RODRIGUEZ, I, NC.
Address: 1756 HARBOR POINT CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

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

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: MAY YAZJI-COREY

P

03/11/2009

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