

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000077601

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** DRAPER & MCKINNEY DENTAL GROUP, PLC

**Current Principal Place of Business:**

7410 MERRILL ROAD, #2  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

7410 MERRILL ROAD, #2  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 20-3260539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DRAPER, STEPHEN W  
7410 MERRILL ROAD, #2  
JACKSONVILLE, FL 32211 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:** P  
**Name:** DRAPER, STEPHEN W  
**Address:** 7410 MERRILL RD  
**City-St-Zip:** JACKSONVILLE, FL 32211

**Title:** VP  
**Name:** MCKINNEY, JON J  
**Address:** 7410 MERRILL RD  
**City-St-Zip:** JACKSONVILLE, FL 32211

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:** JON MCKINNEY

VP

01/12/2011

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