

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081743

FILED
Apr 14, 2009
Secretary of State

Entity Name: SIGNATURE DENTAL PLC

Current Principal Place of Business:

752 STIRLING CENTER PLACE
SUITE 1000
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1421 MAJESTIC OAK DRIVE
APOPKA, FL 32712

New Mailing Address:

752 STIRLING CENTER PLACE
SUITE 1000
LAKE MARY, FL 32746

FEI Number: 20-3389767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES MARTIN, MIRTHA CPA
420 SOUTH COUNTRY CLUB ROAD
LAKE MARY, FL 32746 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: DR. () Delete
Name: HOLTERY, ANDY S
Address: 1421 MAJESTIC OAK DR
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

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: ANDY S. HOLTERY

DR.

04/14/2009

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