

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081778

FILED
Apr 08, 2009
Secretary of State

Entity Name: GOODPASTER & FLETCHER GENERAL DENTISTRY, P.L.

Current Principal Place of Business:

1 11TH AVENUE
D-103
SHALIMAR, FL 32579 US

New Principal Place of Business:

1 11TH AVENUE
D-3
SHALIMAR, FL 32579 US

Current Mailing Address:

1 11TH AVENUE
D-103
SHALIMAR, FL 32579 US

New Mailing Address:

1 11TH AVENUE
D-3
SHALIMAR, FL 32579 US

FEI Number: 20-3328077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODPASTER, HOWARD T
1 11TH AVENUE
D-103
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

GOODPASTER, HOWARD T
1 11TH AVENUE
D-3
SHALIMAR, FL 32579 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODPASTER, HOWARD T
Address: 1 11TH AVENUE, SUITE D-103
City-St-Zip: SHALIMAR, FL 32579 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOODPASTER, HOWARD T
Address: 1 11TH AVENUE, SUITE D-3
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGRM () Change (X) Addition
Name: FLETCHER, LISA E
Address: 1 11TH AVENUE, SUITE D-3
City-St-Zip: SHALIMAR, FL 32579 US

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: HOWARD T. GOODPASTER

MGRM

04/08/2009

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