2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

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Entity Name: SHELDON ROAD DENTAL CENTER, LLC

Current Principal Place of Business:

29750 US 19 N STE 201
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1465
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 34-2062807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESSER, JASON
29750 US 19 N STE 201
CLEARWATER, FL 33761 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
Name: LESSER, JASON K
Address: 29750 US 19 N STE 201
City-St-Zip: CLEARWATER, FL 33761

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 Statues.

SIGNATURE: JASON LESSER MGRM 01/13/2010

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