

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000110873

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** ALLEN DENTAL PRACTICE, L.L.C.

**Current Principal Place of Business:**

138 COUNTRY CLUB COURT  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

138 COUNTRY CLUB COURT  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 26-2253264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOTT, HERBERT  
623 E. TARPON AV.  
TARPON SPRINGS, FL 34689 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: MGR  
Name: ALLEN, HAYDEN  
Address: 138 COUNTRY CLUB CT.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM  
Name: ALLEN, DENNIS  
Address: 138 COUNTRY CLUB CT  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM  
Name: ALLEN, KRISTINE  
Address: 138 COUNTRY CLUB CT  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: HAYDEN P. ALLEN

MGR

02/06/2012

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