

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116891

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** POINCIANA DENTAL, LLC

**Current Principal Place of Business:**

873 CYPRESS PKWY  
POINCIANA, FL 34759 US

**New Principal Place of Business:**

**Current Mailing Address:**

873 CYPRESS PKWY  
POINCIANA, FL 34759 US

**New Mailing Address:**

**FEI Number:** 27-0134260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOESCH, CHRISTINA  
8545 VIA BELLA NOTTE  
ORLANDO, FL 32836 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:** BEHNIA, PEDRAM  
**Address:** 1211 PALMER AVE  
**City-St-Zip:** WINTER PARK, FL 32789 US

**Title:** MGRM  
**Name:** BOESCH, CHRISTINA  
**Address:** 8545 VIA BELLA NOTTE  
**City-St-Zip:** ORLANDO, FL 32836 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:** CHRISTINA BOESCH

MGRM

03/31/2010

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