

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117942

FILED
Apr 22, 2009
Secretary of State

Entity Name: HEIDAMI DENTAL CENTER LLC

Current Principal Place of Business:

2326 FRANKFORD AVENUE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

4644 BAYWOOD DRIVE
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 84-1699882 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEIDAMI, RAMI M DMD
4644 BAYWOOD DR.
LYNN HAVEN, FL 32444 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. () Delete
Name: HEIDAMI, RAMI M DMD
Address: 4644 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444 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: RAMI M. HEIDAMI

DMD

04/22/2009

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