

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010099

FILED
Apr 26, 2009
Secretary of State

Entity Name: L&T DENTAL MANAGEMENT, LLC

Current Principal Place of Business:

563 UNIVERSITY BOULEVARD NORTH
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

563 UNIVERSITY BOULEVARD NORTH
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-4203047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

HALL, JULIA
563 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211 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: JULIA HALL

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMASINO, MICHAEL
Address: 563 UNIVERSITY BLVD NORTH
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM () Delete
Name: LEONARD, JAMES W JR
Address: 563 UNIVERSITY BLVD NORTH
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES W. LEONARD, JR.

MGRM

04/26/2009

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