2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000033260

Entity Name: SAXON DENTAL, LLC

Current Principal Place of Business:

870-39 SAXON BOULEVARD
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

870-39 SAXON BOULEVARD
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-4679518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

W & P SERVICES, INC.
450 N. WYMORE ROAD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

PATEL, BHASKER C DR.
870-39 SAXON BLVD
ORANGE CITY, FL 32763 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: BHASKER C.PATEL 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PST ( ) Delete
Name: PATEL, BAHASKER C DR
Address: 11907 EAST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: MGR ( ) Delete
Name: PATEL, BAHASKER C DR
Address: 11907 EAST COLONIAL DR
City-St-Zip: ORLANDO, FL 32826

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: BHASKER PATEL PST 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date