2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

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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:

PATEL, BHASKER C DR.
870-39 SAXON BLVD
ORANGE CITY, FL 32763 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: PST
Name: PATEL, BAHASKER C DR
Address: 11907 EAST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32826

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

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 Statues.

SIGNATURE: BHASKER PATEL PST 04/22/2010

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