

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035527

FILED
Jan 15, 2009
Secretary of State

Entity Name: DORAL ENDODONTICS, LLC

Current Principal Place of Business:

3650 NW 82 AVENUE
303
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3650 NW 82 AVENUE
303
DORAL, FL 33166

New Mailing Address:

FEI Number: 20-4753220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLANO, JUAN G
3650 NW 82 AVENUE
303
DORAL, FL 33166 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: PRES () Delete
Name: JUAN G. LLANO DMD, P, A
Address: 3650 NW 82 AVENUE-SUITE 303
City-St-Zip: DORAL, FL 33166

Title: SECR () Delete
Name: GIL, EVELYN A SECRETA
Address: 3650 NW 82 AVENUE-SUITE 303
City-St-Zip: DORAL, FL 33166

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: EVELYN A. GIL

SEC

01/15/2009

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