

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035527

**FILED**  
**Apr 18, 2012**  
**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:** MGR  
**Name:** JUAN G. LLANO DMD, PA  
**Address:** 3650 NW 82 AVENUE-SUITE 303  
**City-St-Zip:** DORAL, FL 33166

**Title:** MGRM  
**Name:** GIL, EVELYN A SECRETA  
**Address:** 3650 NW 82 AVENUE-SUITE 303  
**City-St-Zip:** DORAL, FL 33166

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 Statutes.

SIGNATURE: JUAN G LLANO

MGR

04/18/2012

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