

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039150

FILED
Jan 08, 2009
Secretary of State

Entity Name: AHG DENTAL, LLC

Current Principal Place of Business:

10543 SW 109 COURT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10543 SW 109 COURT
MIAMI, FL 33176 US

New Mailing Address:

9163 SW 70 TERR
MIAMI, FL 33173 US

FEI Number: 51-0576921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HIDALGO-GONZALEZ, ALLISON M DMD
10543 SW 109 COURT
MIAMI, FL 33176 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: MGRM () Delete
Name: HIDALGO-GONZALEZ, ALLISON M DMD
Address: 9163 SW 70TH TERRACE
City-St-Zip: MIAMI, FL 33173 US

Title: MGR () Delete
Name: MENDEZ, HILDA V
Address: 4605 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33165

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: ALLISON HIDALGO-GONZALEZ MGRM 01/08/2009

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