

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000041772

Entity Name: SCLAR CENTER, LLC

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5201 OAK LANE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5201 OAK LANE  
CORAL GABLES, FL 33156

**New Mailing Address:**

FEI Number: 65-0965583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCLAR, ANTHONY G DMD  
5201 OAK LANE  
CORAL GABLES, FL 33156 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: DR.  
Name: ANTHONY, SCLAR G DMD  
Address: 5201 OAK LANE  
City-St-Zip: CORAL GABLES, FL 33156

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: ANTHONY SCLAR

DR.

02/18/2011

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