# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 11, 2009**
**Secretary of State**

DOCUMENT# L06000056648

**Entity Name:** DIAMOND DENTAL LLC

**Current Principal Place of Business:**

1380 N. BLVD. W., STE. B
LEESBURG, FL 34748

**New Principal Place of Business:**

11950 COUNTY RD. 101
SUITE 104
THE VILLAGES, FL 32162

**Current Mailing Address:**

1380 N. BLVD. W., STE. B
LEESBURG, FL 34748

**New Mailing Address:**

11950 COUNTY RD. 101
SUITE 104
THE VILLAGES, FL 32162

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

MIDDLETON, MANUEL R DDS
500 SOUTH HIGHLAND STREET
MT. DORA, FL 32757 US

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

MIDDLETON, MANUEL R DDS
11950 COUNTY RD. 101
SUITE 104
THE VILLAGES, FL 32162 US

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: 03/11/2009
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: MIDDLETON, MANUEL R DDS
Address: 1380 N. BLVD. W., STE. B
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: MIDDLETON, MANUEL R DDS
Address: 11950 COUNTY RD 101 SUITE 104
City-St-Zip: THE VILLAGES, FL 32162

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: MANUEL R. MIDDLETON MGR 03/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date