

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059097

FILED  
Jun 02, 2009  
Secretary of State

Entity Name: PERIODONTAL INVESTMENT, LLC

## Current Principal Place of Business:

164 ROSEHILL DRIVE, WEST  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

2621 MITCHAM DRIVE  
SUITE 101  
TALLAHASSEE, FL 32308

## Current Mailing Address:

164 ROSEHILL DRIVE, WEST  
TALLAHASSEE, FL 32312

## New Mailing Address:

2621 MITCHAM DRIVE  
SUITE 101  
TALLAHASSEE, FL 32308

FEI Number: 26-1953893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BALDOCK, WILLIAM T  
164 ROSEHILL DRIVE, WEST  
TALLAHASSEE, FL 32312      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: RLP PERIODONATL, P.A., PSP  
Address: 164 ROSEHILL DRIVE, WEST  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: RLB PERIODONATL, P.A., PSP  
Address: 164 ROSEHILL DRIVE, WEST  
City-St-Zip: TALLAHASSEE, FL 32312

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: RHONDA BALDOCK

VP

06/02/2009

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