

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000060028

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** CHACE DENTAL, PL

**Current Principal Place of Business:**

3200 NORTH WICKHAM ROAD, SUITE 5  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

3200 NORTH WICKHAM ROAD, SUITE 5  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 20-5025337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHACE, JENNIFER B DMD  
3200 N WICKHAM ROAD  
SUITE 5  
MELBOURNE, FL 32935 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:** DMD  
**Name:** CHACE, JENNIFER B DMD  
**Address:** 3200 N. WICKHAM ROAD, SUITE 5  
**City-St-Zip:** MELBOURNE, FL 32935

**Title:** DMD  
**Name:** CHACE, JENNIFER B DMD  
**Address:** 3200 N. WICKHAM ROAD, SUITE 5  
**City-St-Zip:** MELBOURNE, FL 32935

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:** JENNIFER CHACE

DMD

02/11/2010

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