

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062196

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** TRINITY ENDODONTICS OF GREATER ORLANDO, P.L.

**Current Principal Place of Business:**

6996 PIAZZA GRANDE AVENUE  
SUITE 204  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

6996 PIAZZA GRANDE AVENUE  
SUITE 204  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 20-5264498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAWFORD, TERRY M DR.  
6996 PIAZZA GRANDE AVENUE  
SUITE 204  
ORLANDO, FL 32835 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: P,D  
Name: CRAWFORD, TERRY M DR.  
Address: 6996 PIAZZA GRANDE AVENUE  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR  
Name: CRAWFORD, IVELISSE  
Address: 6996 PIAZZA GRANDE AVENUE  
City-St-Zip: ORLANDO, FL 32835

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: IVEISSE CRAWFORD

MGR

01/19/2011

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