2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L06000063149

Entity Name: SUNTREE DENTAL LLC

Current Principal Place of Business:

6765 NORTH WICKHAM ROAD
C105
MELBOURNE, FL 32940 US

New Principal Place of Business:

7135 TURNER ROAD
ROCKLEDGE, FL 32955 US

Current Mailing Address:

6765 NORTH WICKHAM ROAD
C105
MELBOURNE, FL 32940 US

New Mailing Address:

7135 TURNER ROAD
ROCKLEDGE, FL 32955 US

FEI Number: 14-1985694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIANSON, PAUL L DR.
6765 NORTH WICKHAM ROAD
SUITE C105
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

CHRISTIANSON, PAUL L DR.
7135 TURNER ROAD
ROCKLEDGE, FL 32955 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: PAUL L CHRISTIANSON 03/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHRISTIANSON, PAUL L DR.
Address: 6765 NORTH WICKHAM RD SUITE C105
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHRISTIANSON, PAUL L DR.
Address: 7135 TURNER ROAD
City-St-Zip: ROCKLEDGE, FL 32955 US

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: PAUL L CHRISTIANSON MGR 03/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date