

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072496

FILED
Mar 12, 2012
Secretary of State

Entity Name: DENTURE CARE CENTER, LLC

Current Principal Place of Business:

18134 POWELL ROAD
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

18134 POWELL ROAD
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 20-5239429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, SANDRA
15298 HIBURN ST
BROOKSVILLE, FL 34604 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
Name: ROTH, SANDRA R
Address: 18134 POWELL ROAD, OAK WALKS PLAZA
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGRM
Name: ROTH, DOUGLAS F D.D.S.
Address: 18134 POWELL ROAD, OAK WALKS PLAZA
City-St-Zip: BROOKSVILLE, FL 34604

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: SANDRA ROTH

MGM

03/12/2012

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