

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072695

FILED
Apr 18, 2011
Secretary of State

Entity Name: WEST COAST DENTAL PARTNERS, PL

Current Principal Place of Business:

37221 MERIDIAN AVE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 274023
TAMPA, FL 33688 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SACHIN K
16633 IVY LAKE DRIVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

PATEL, SACHIN K
3105 WEST WATERS AVENUE
SUITE 107
TAMPA, FL 33614 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: SACHIN PATEL

04/18/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PATEL, MILI D
Address: PO BOX 274023
City-St-Zip: TAMPA, FL 33688 US

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: MILI PATEL

MGR

04/18/2011

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