## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000077094

Entity Name: WINDERMERE CENTER FOR DENTISTRY, LLC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8976 CONROY WINDERMERE ROAD 401 MAIN STREET

ORLANDO, FL 32835 WINDERMERE, FL 34786

Current Mailing Address: New Mailing Address:

8976 CONROY WINDERMERE ROAD ORLANDO, FL 32835

FEI Number: 20-5322727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

INTERNATIONAL PROFESSIONAL SERVICES CORP
2813 S HIAWASSEE ROAD
SUITE 104
ORLANDO, FL 32835 US

MCKISSOCK, MATTHEW D DMD
8976 CONROY WINDERMERE RD
ORLANDO, FL 32835 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: MATTHEW D. MCKISSOCK 03/23/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 THAKKAR, RUPAL P
 Name:

 Address:
 8976 CONROY WINDERMERE ROAD
 Address:

 City-St-Zip:
 ORLANDO, FL 32835 US
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCKISSOCK, MATTHEW D
 Name:

 Address:
 8976 CONROY WINDERMERE ROAD
 Address:

 City-St-Zip:
 ORLANDO, FL 32835 US
 City-St-Zip:

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: MATTHEW D. MCKISSOCK MGR 03/23/2009