

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077415

FILED
Feb 17, 2010
Secretary of State

Entity Name: YOUR ORTHODONTIST, LLC

Current Principal Place of Business:

8311 NORTH PINE ISLAND RD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8311 NORTH PINE ISLAND RD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 84-1715066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN-SASSON, KENNETH DR.
2983 EAST ABIACA CIRCLE
DAVIE, FL 33328 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: COHEN-SASSON, KENNETH DR.
Address: 2983 EAST ABIACA CIR.
City-St-Zip: DAVIE, FL 33328 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: KENNETH COHEN-SASSON

MGRM

02/17/2010

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