

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078516

FILED
Apr 28, 2009
Secretary of State

Entity Name: PODVIA & STANFORD, D.M.D.'S P.L.

Current Principal Place of Business:

C/O KRISTAN DAVID PODVIA, D.M.D.
7724 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

C/O KRISTAN DAVID PODVIA, D.M.D.
7724 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 20-5342026 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PODVIA, KRISTAN DAVID
C/O KRISTAN DAVID PODVIA, D.M.D.
7724 LEM TURNER ROAD
JACKSONVILLE, FL 32208 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: MGR () Delete
Name: PODVIA, KRISTAN DAVID D.M.D.
Address: 7724 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR () Delete
Name: STANFORD, ALISHA
Address: 7724 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ALISHA STANFORD MGR 04/28/2009

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