

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078516

**FILED**  
**Feb 27, 2012**  
**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  
Name: PODVIA, KRISTAN DAVID D.M.D.  
Address: 7724 LEM TURNER ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

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

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: ALISHA STANFORD

MGR

02/27/2012

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