2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

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Entity Name: LAKESIDE FAMILY DENTISTRY, P.L.

Current Principal Place of Business:

13402 SUMMERPORT VILLAGE PARKWAY
502
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

13402 SUMMERPORT VILLAGE PARKWAY
502
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 20-8243635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

FLICK, JAMES J
3700 SOUTH CONWAY ROAD
SUITE 100
ORLANDO, FL 32812 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: _____ 04/22/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HEAP, ALAN R
Address: 13402 SUMMERPORT VILLAGE PARKWAY
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM
Name: TURNER, C. MICHAEL
Address: 13402 SUMMERPORT VILLAGE PARKWAY
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM
Name: SEPPI, CHRISTOPHER N
Address: 13402 SUMMERPORT VILLAGE PARKWAY
City-St-Zip: WINDERMERE, FL 34786 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 Statues.

SIGNATURE: BILLIE HEAP MGRM 04/22/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date