

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097321

FILED
Jul 14, 2008
Secretary of State

Entity Name: THOMPSON DENTAL, P.L.

Current Principal Place of Business:

2016 COBBLEFIELD CIRCLE
APOPKA, FL 32703 US

New Principal Place of Business:

2202 DUCK SLOUGH BLVD.
SUITE 104
TRINITY, FL 34655 US

Current Mailing Address:

2016 COBBLEFIELD CIRCLE
APOPKA, FL 32703 US

New Mailing Address:

2202 DUCK SLOUGH BLVD.
SUITE 104
TRINITY, FL 34655 US

FEI Number: 20-5759687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, CHRISTOPHER J
2016 COBBLEFIELD CIRCLE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

THOMPSON, CHRISTOPHER J
2202 DUCK SLOUGH BLVD.
SUITE 104
TRINITY, FL 34655 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:

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, CHRISTOPHER J
Address: 2016 COBBLEFIELD CIRCLE
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, CHRISTOPHER J
Address: 2202 DUCK SLOUGH BLVD. SUITE 104
City-St-Zip: TRINITY, FL 34655 US

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: CHRISTOPHER J. THOMPSON

MGRM

07/14/2008

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