


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90139 007 \*\*\*\*50.00

<b>DOCUMENT # L06000112388</b>	
1. Entity Name <b>THE SUBSTITUTE DENTAL HYGIENIST LLC</b>	

Principal Place of Business <b>3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208</b>	Mailing Address <b>3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062007 Chg-LLC CR2E083 (12/06)



**60013957**

6. Name and Address of Current Registered Agent <b>YOUNG, TONJA 8267 MATHONIA AVENUE JACKSONVILLE, FL 32211</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 02-06-07

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR YOUNG, TONJA 3711 TROUT RIVER BLVD. JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* DATE 2-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #