

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112388

FILED
Jan 22, 2010
Secretary of State

Entity Name: THE SUBSTITUTE DENTAL HYGIENIST LLC

Current Principal Place of Business:

3711 TROUT RIVER BLVD.
JACKSONVILLE, FL 32208

New Principal Place of Business:

9560-5 LEM TURNER RD
JACKSONVILLE, FL 32208

Current Mailing Address:

3711 TROUT RIVER BLVD.
JACKSONVILLE, FL 32208

New Mailing Address:

9560-5 LEM TURNER RD
JACKSONVILLE, FL 32208

FEI Number: 20-5870794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, TONJA
8267 MATHONIA AVENUE
JACKSONVILLE, FL 32211 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: YOUNG, TONJA
Address: 8267 MATHONIA AVE
City-St-Zip: JACKSONVILLE, FL 32211

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: TONJA YOUNG

MGR

01/22/2010

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