

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119840

Entity Name: ORANGE CITY DENTAL SPECIALISTS, LLC

FILED  
Jan 07, 2008  
Secretary of State

**Current Principal Place of Business:**

322 E. CENTRAL BLVD., #711  
ORLANDO, FL 32801

**New Principal Place of Business:**

150 E. ROBINSON ST.  
2111  
ORLANDO, FL 32801

**Current Mailing Address:**

322 E. CENTRAL BLVD., #711  
ORLANDO, FL 32801

**New Mailing Address:**

150 E. ROBINSON ST.  
2111  
ORLANDO, FL 32801

FEI Number: 20-8102781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, SOUTH & MILHAUSEN, P.A.  
C/O SCOTT R. ROST, ESQ.  
1000 LEGION PLACE, SUITE 1200  
ORLANDO, FL 32801 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 ( ) Delete  
Name: WENK, SCOTT  
Address: 322 E. CENTRAL BLVD., #711  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WENK, SCOTT  
Address: 150 E. ROBINSON ST., 2111  
City-St-Zip: ORLANDO, FL 32801

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: SCOTT WENK

MGR

01/07/2008

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