

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119844

FILED
Apr 28, 2009
Secretary of State

Entity Name: LAKE NONA DENTAL SPECIALISTS, LLC

Current Principal Place of Business:

610 N MILLS AVE
STE 100
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

610 N MILLS AVE
STE 100
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-8103768 **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: LANGAN, MICHAEL
Address: 4416 TWINVIEW LANE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J LANGAN MGR 04/28/2009

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