2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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Entity Name: DR. ALAN L. SIZEMORE, D.D.S., P.L.

Current Principal Place of Business:

501 E. CENTRAL AVE.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

501 E. CENTRAL AVE.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-8295811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIZEMORE, ALAN L DDS
501 E. CENTRAL AVE.
WINTER HAVEN, FL 33880 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: MGRM
Name: SIZEMORE, ALAN L DDS
Address: 501 E. CENTRAL AVE.
City-St-Zip: WINTER HAVEN, FL 33880

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 Statues.

SIGNATURE: PATSY D. WHATLEY O.M. 01/04/2012

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