2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L07000020456

Entity Name: ALL SMILES DENTAL, LLC

Current Principal Place of Business:

1148 KELTON AVENUE
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

4106 W. LAKE MARY BLVD
SUITE 230
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 20-8549340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF CHUN-TE WU, P.L.
802 E. COLONIAL DRIVE
ORLANDO, FL 32803 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: YAO, EFFIE C. D.D.S.
Address: 4106 W. LAKE MARY BLVD, #230
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGR ( ) Delete
Name: MCCOY, MARK C. D.D.S.
Address: 1174 TOOKES ROAD
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

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

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: MARK C MCCOY DDS VP 01/14/2009

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