2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FAMILY DENTISTRY OF NORTHWEST FLORIDA, LLC.

Current Principal Place of Business:

110 EAST NORTH AVENUE
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

110 EAST NORTH AVENUE
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 75-3235525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS N. TAYLOR, P.A.
122 B. SOUTH WAUKESHA STREET
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

PARKER, JUDY M
2005 YOOPON LANE
BONIFAY, FL 32425 US

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: JUDY M PARKER 01/08/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PARKER, STANLEY M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: HOOPER, ERNEST M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: S
Name: PARKER, JUDY M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: WILSON, JOHN M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: PARKER, BRIAN A
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: WHITAKER, HILARY T
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

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: JUDY M PARKER S 01/08/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date