

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029662

Entity Name: TRUE HART DENTAL PLLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

8602 SW SR 200
SUITE P
OCALA, FL 34481 US

Current Mailing Address:

8602 SW SR 200
SUITE P
OCALA, FL 34481 US

New Principal Place of Business:

8615 SW 103RD ST. RD
SUITE A
OCALA, FL 34481 US

New Mailing Address:

8615 SW 103RD ST. RD.
SUITE A
OCALA, FL 34481 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTER, THOMAS W
8602 SW SR 200
SUITE P
OCALA, FL 34481 US

Name and Address of New Registered Agent:

HARTER, THOMAS W
8615 SW 103RD ST. RD.
SUITE A
OCALA, FL 34481 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:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARTER, THOMAS W
Address: 8602 SW SR 200, SUITE P
City-St-Zip: OCALA, FL 34481 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARTER, THOMAS W
Address: 8615 SW 103RD ST. RD.
City-St-Zip: OCALA, FL 34481 US

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: THOMAS HARTER

MGRM

01/08/2008

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