

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000035830

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO 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:** 20-8788033

**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  
Name: LANGAN, MICHAEL  
Address: 4416 TWINVIEW LANE  
City-St-Zip: ORLANDO, FL 32814

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 Statutes.

SIGNATURE: MICHAEL LANGAN

MGR

04/18/2011

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