

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051631

**FILED  
Jan 04, 2012  
Secretary of State**

**Entity Name:** SARA M. DROKER, DMD, PLLC

**Current Principal Place of Business:**

106 N. OLD KINGS ROAD, STE. A  
ORMOND BEACH, FL 321745177

**New Principal Place of Business:**

**Current Mailing Address:**

106 N. OLD KINGS ROAD, STE. A  
ORMOND BEACH, FL 321745177

**New Mailing Address:**

FEI Number: 26-0702833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HARR, JASON L ESQ  
1326 SOUTH RIDGEWOOD AVE STE ONE  
DAYTONA BEACH, FL 32114 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: DROKER, SARA M DMD  
Address: 106 N. OLD KINGS ROAD, STE. A  
City-St-Zip: ORMOND BEACH, FL 321745177

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: DR. SARA DROKER, DMD, PLLC      MGR      01/04/2012

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