

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 09, 2012
Secretary of State

Entity Name: DENTAL CARE INSTITUTE, LLC

Current Principal Place of Business:

145 HILDEN ROAD
SUITE 116-117
PONTE VEDRA, FL 32081

New Principal Place of Business:

145 HILDEN ROAD
SUITE 116-117
PONTE VEDRA, FL 32081

Current Mailing Address:

11475 HALETHORPE DRIVE
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 26-0273381 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIPLEY, JOSEPH M JR.
5515 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207 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: NGUYEN, TOAN D
Address: 11475 HALETHORPE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGR
Name: DE FARIAS, DEBORA G
Address: 11475 HALETHORPE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

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: TOAN D NGUYEN

MGR

03/09/2012

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