2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# L07000064778

Entity Name: SMILE DESIGN DENTISTRY, PL

Current Principal Place of Business:

37221 MERIDIAN AVENUE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 274023
TAMPA, FL 33688

New Mailing Address:

FEI Number: 20-0108685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, SACHIN
3105 WEST WATERS AVENUE
SUITE 107
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

PATEL, SACHIN
450 KNIGHTS RUN AVE
2102
TAMPA, FL 33602 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: 02/28/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WEST COAST DENTAL PARTNERS LLC
Address: PO BOX 274023
City-St-Zip: TAMPA, FL 33688

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: WEST COAST DENTAL PARTNERS LLC MGR 02/28/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date