

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066724

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** DENTAL CAREERS OF TAMPA BAY LLC

**Current Principal Place of Business:**

15303 AMBERLY DRIVE STE. D  
SUITE D  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

15303 AMBERLY DRIVE STE. D  
SUITE D  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 26-1099254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLCOMBE, RODNEY  
15303 AMBERLY DRIVE STE. D  
TAMPA, FL 33647 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: HOLCOMBE, RODNEY  
Address: 15303 AMBERLY DRIVE STE. D  
City-St-Zip: TAMPA, FL 33647

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: RODNEY HOLCOMBE

MGR

01/11/2010

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