

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000068537

**FILED**  
**Jun 03, 2011**  
**Secretary of State**

**Entity Name:** CUTLER BAY DENTAL ASSOCIATES, P.L.L.C.

**Current Principal Place of Business:**

20335 OLD CUTLER ROAD  
SUITE 200  
MIAMI, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

5480 MCGINNIS VILLAGE PLACE  
SUITE 101  
ALPHARETTA, GA 30005 US

**New Mailing Address:**

PO BOX 3030  
ALPHARETTA, GA 30023

**FEI Number:** 26-0496400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPELIOS, LOUIS G DMD  
20335 OLD CUTLER ROAD  
SUITE 200  
MIAMI, FL 33189 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:** CEO  
**Name:** SPELIOS, LOUIS G DMD  
**Address:** 20335 OLD CUTLER ROAD, STE 200  
**City-St-Zip:** MIAMI, FL 33189 US

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:** LOUIS G SPELIOS

DR

06/03/2011

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