

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072683

FILED
Apr 20, 2009
Secretary of State

Entity Name: BELLA VISTA DENTAL MEDICAL PROPERTIES, L.L.C.

Current Principal Place of Business:

C/O MICHAEL F. AGNINI
418 NORTH ROAD
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL F. AGNINI
418 NORTH ROAD
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 26-0559598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGNINI, MICHAEL F
418 NORTH ROAD
LAKELAND, FL 33809 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: MR. () Delete
Name: AGNINI, MICHAEL F
Address: 418 NORTH ROAD
City-St-Zip: LAKELAND, FL 33809

Title: MRS. () Delete
Name: AGNINI, DONNA P
Address: 418 NORTH ROAD
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONNA AGNINI

MRS.

04/20/2009

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