

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079911

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** CASEY ORAL & FACIAL SURGICAL ARTS, LLC

**Current Principal Place of Business:**

3388 WOODS EDGE CIR  
UNIT C, D & E  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

3388 WOODS EDGE CIR  
UNIT C, D & E  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 26-0681106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN & GRIGSBY, P.C.  
27200 RIVERVIEW CENTER BLVD.  
SUITE 309  
BONITA SPRINGS, FL 34134 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:** CASEY, GREGORY M  
**Address:** 3388 WOODS EDGE CIR, UNIT C, D & E  
**City-St-Zip:** BONITA SPRINGS, FL 34134 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:** DR. GREGORY M. CASEY D.D.S.

OWN

01/28/2010

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