

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092093

FILED
Feb 18, 2009
Secretary of State

Entity Name: ASSOCIATES IN DENTISTRY, P.L.

Current Principal Place of Business:

18000 TOLEDO BLADE BOULEVARD
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18000 TOLEDO BLADE BOULEVARD
PORT CHARLOTTE, FL 33948

New Mailing Address:

C/O GARY A. KAHLE
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 26-0882509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, DENNIS
18000 TOLEDO BLADE BOULEVARD
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: GARY A. KAHLE

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DP () Delete
Name: JONES, DENNIS
Address: 300 CAPSTAN DR
City-St-Zip: PLACIDA, FL 33946

ADDITIONS/CHANGES:

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: DENNIS JONES

DP

02/18/2009

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