

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000092093

**FILED**  
**Feb 01, 2011**  
**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:**

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

**New Mailing Address:**

FEI Number: 26-0882509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAHLE, GARY A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: DP  
Name: JONES, DENNIS  
Address: 300 CAPSTAN DR  
City-St-Zip: PLACIDA, FL 33946

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: DENNIS JONES

DP

02/01/2011

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