2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2012
Secretary of State

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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 Statues.

SIGNATURE: DENNIS JONES DP 02/21/2012

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