

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103541

Entity Name: MEDDENT MANAGEMENT SERVICES, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1601 PARK CENTER DR. SUITE 1
ORLANDO, FL 32835

New Principal Place of Business:

1601 PARK CENTER DR.
SUITE 1 & 2
ORLANDO, FL 32835

Current Mailing Address:

1601 PARK CENTER DR. SUITE 1
ORLANDO, FL 32835

New Mailing Address:

1601 PARK CENTER DR.
SUITE 1 & 2
ORLANDO, FL 32835

FEI Number: 26-1256922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLASKETT, MILES
% DUANE MORRIS, LLP
200 S BISCAYNE BLVD - STE 3400
MIAMI, FL 331312397 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 () Delete
Name: SIMMONDS, SONIA
Address: 2007 WILLOW LAUREN LN
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: SIMMONDS, SONIA
Address: 2007 WILLOW LAUREN LN
City-St-Zip: WINDERMERE, FL 34786

Title: V.P. () Change (X) Addition
Name: SIMMONDS, ALRIC V V.P.
Address: 2007 WILLOW LAUREN LN.
City-St-Zip: WINDERMERE, FL 34786

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: SONIA SIMMONDS

PRES

03/23/2009

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