2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000104346

Entity Name: JACKSONVILLE DENTURE CENTER, PLLC

Current Principal Place of Business:

2894 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

2894 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 20-2468022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSHALL, BRYAN T
5331 COMMERCIAL WAY
SUITE 211
SPRING HILL, FL 34606 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: MGRM ( ) Delete
Name: MARSHALL, BRYAN T
Address: 5331 COMMERCIAL WAY, SUITE 211
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM ( ) Delete
Name: ANDERSON, JOHN A
Address: 2894 SOUTH 8TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRYAN T. MARSHALL MGRM 04/15/2009

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