2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

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Entity Name: INNOVATION DENTISTRY, P.L.

Current Principal Place of Business:

8276 MARITIME FLAG STREET
UNIT 1214
WINDERMERE, FL 34786

New Principal Place of Business:

9145 NARCOOSSEE RD.
SUITE A-100
ORLANDO, FL 32827

Current Mailing Address:

8276 MARITIME FLAG STREET
UNIT 1214
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 39-2067055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH AEBEL, ERIN ESQ.
SHUMAKER, LOOP & KENDRICK LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

RAMIREZ, SHEILA Y DMD
8276 MARITIME FLAG ST.
1214
ORLANDO, FL 34786 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: SHEILA Y. RAMIREZ 03/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: MELENDEZ, CARLOS H DMD
Address: 8276 MARITIME FLAG ST #1214
City-St-Zip: WINDERMERE, FL 34786

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

ADDITIONS/CHANGES:

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

Title: VP ( ) Change (X) Addition
Name: RAMIREZ, SHEILA Y DMD
Address: 8276 MARITIME FLAG ST #1214
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: CARLOS H. MELENDEZ PRES 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date