2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L07000115749

Entity Name: TRIPLE CROWNS DENTAL L.L.C.

Current Principal Place of Business:

25415 CORTEZ BLVD.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

25415 CORTEZ BLVD.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 26-1504254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: ANDREWS, REGIS J
Address: 25415 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34601

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: REGIS JOHN ANDREWS MGR. 04/28/2011

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