2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L07000119111

Entity Name: WESTMINSTER DENTAL, LLC

Current Principal Place of Business:

50 WESTMINSTER STREET
LEHIGH ACRES, FL 33936

New Principal Place of Business:

50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936

Current Mailing Address:

7633 BROOKFIELD ROAD
CHELTENHAM, PA 19012

New Mailing Address:

50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936

FEI Number: 26-1486877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITCHMORE, LOVEN A
50 WESTMINSTER STREET
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

LITCHMORE, LOVEN A
50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936 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: 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LITCHMORE, LOVEN A
Address: 50 WESTMINSTER STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM ( ) Delete
Name: LITCHMORE, ISOLINE
Address: 50 WESTMINSTER STREET
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LITCHMORE, LOVEN A
Address: 50 WESTMINSTER STREET N
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM (X) Change ( ) Addition
Name: LITCHMORE, ISOLINE
Address: 50 WESTMINSTER STREET N
City-St-Zip: LEHIGH ACRES, FL 33936

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: LOVEN A LITCHMORE MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date