

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006932

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: CLASSIC DENTAL AT OVIEDO, LLC

## Current Principal Place of Business:

1656 EAGLE NEST CIRCLE  
WINTER SPRINGS, FL 32708 US

## New Principal Place of Business:

2989 ALAFAYA TRAIL  
OVIEDO, FL 32765 US

## Current Mailing Address:

1989 ALAFAYA TRAIL  
OVIEDO, FL 32765

## New Mailing Address:

121 VARIETY TREE CR  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-1787061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, CAESAR M  
121 VARIETY TREE CIRCLE  
ALTAMONTE SPRINGS, FL 327145834 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: P ( ) Delete  
Name: CLASSIC DENTAL, INC.,  
Address: 121 VARIETY TREE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 327145834 US

Title: VP ( ) Delete  
Name: JAMES P. FLATLEY, DD, S, PA.  
Address: 1656 EAGLE NEST CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP ( ) Delete  
Name: WAYNE P. O'BRIAN, DM, D, PA.  
Address: 2989 ALAFAYA TRAIL  
City-St-Zip: OVIEDO, FL 32765 US

## ADDITIONS/CHANGES:

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

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

Title: VP (X) Change ( ) Addition  
Name: WAYNE P. O'BRIAN, DM, D, PA.  
Address: 2989 ALAFAYA TRAIL  
City-St-Zip: OVIEDO, FL 32765 US

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: CEASAR M. GARCIA

PRES

01/15/2009

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