

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006932

FILED
Jan 05, 2010
Secretary of State

Entity Name: CLASSIC DENTAL AT OVIEDO, LLC

Current Principal Place of Business:

2989 ALAFAYA TRAIL
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

121 VARIETY TREE CR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

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
Name: CLASSIC DENTAL, INC.
Address: 121 VARIETY TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 327145834 US

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

Title: VP
Name: WAYNE P. O'BRIEN, DMD, PA.
Address: 2989 ALAFAYA TRAIL
City-St-Zip: OVIEDO, FL 32765 US

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 Statutes.

SIGNATURE: CEASAR M. GARCIA

P

01/05/2010

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