

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008171

FILED
Feb 10, 2011
Secretary of State

Entity Name: PEDIATRIC DENTAL ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

4304 AZEELE ST
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 18664
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 26-1802715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, STEVEN W
1106 PARK AVENUE
ORANGE PARK, FL 32073 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: STONE, DENNIS
Address: 3408 STATE ROAD 13 NO
City-St-Zip: ST. JOHNS, FL 32259 US

Title: MGRM
Name: VILA, HECTOR JR
Address: 4304 AZEELE ST
City-St-Zip: TAMPA, FL 33609 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: HECTOR VILA JR.

HV

02/10/2011

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