

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009359

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** MOUNT CARMEL DENTAL, LLC

**Current Principal Place of Business:**

5551 N. UNIVERSITY DRIVE  
SUITE 101  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

5551 N. UNIVERSITY DRIVE  
SUITE 101-A  
CORAL SPRINGS, FL 33067 US

**Current Mailing Address:**

5551 N. UNIVERSITY DRIVE  
SUITE 101  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

5551 N. UNIVERSITY DRIVE  
SUITE 101-A  
CORAL SPRINGS, FL 33067 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

QUEIJA, JORGE  
5551 N. UNIVERSITY DRIVE  
SUITE 101  
CORAL SPRINGS, FL 33067 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: QUEIJA, JORGE  
Address: 5551 N. UNIVERSITY DR.  
City-St-Zip: CORAL SPRINGS, FL 33067 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: JORGE QUEIJA

MM

05/03/2010

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