

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035669

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** AMA DENTAL SERVICES, LLC

**Current Principal Place of Business:**

4671 OLD PLEASANT HILL RD  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

**Current Mailing Address:**

4671 OLD PLEASANT HILL RD  
KISSIMMEE, FL 34758

**New Mailing Address:**

**FEI Number:** 26-2365736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, ALFREDO  
4671 OLD PLEASANT HILL RD  
KISSIMMEE, FL 34758 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:** MUNOZ, ALFREDO  
**Address:** PO BOX 781563  
**City-St-Zip:** ORLANDO, FL 32878

**Title:** MGR  
**Name:** PEREZ, ANABELA  
**Address:** PO BOX 781563  
**City-St-Zip:** ORLANDO, FL 32878

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:** ALFREDO MUNOZ

P

04/20/2010

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