

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040058

Entity Name: JPB DENTAL CARE LLC

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

2533 CARTHAGE LANE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2533 CARTHAGE LANE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 26-2517077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASTIEN, RICHARD JEAN-PIERRE
2540 ULYSSES ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

BASTIEN, RICHARD JEAN-PIERRE
2533 CARTHAGE LANE
TALLAHASSEE, FL 32312 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:

01/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BASTIEN, RICHARD JEA, N-PIERRE
Address: 2540 ULYSSES ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: BASTIEN, TONYA NELL,
Address: 2540 ULYSSES ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BASTIEN, RICHARD JEA, N-PIERRE
Address: 2533 CARTHAGE LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change () Addition
Name: BASTIEN, TONYA NELL,
Address: 2533 CARTHAGE LANE
City-St-Zip: TALLAHASSEE, FL 32312

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: RICHARD JEAN-PIERRE BASTIEN

MGRM

01/10/2009

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