2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000041998

Entity Name: ARNOLD AND PARKINSON DENTISTRY, PL

Current Principal Place of Business:

10465 GIBSONTON DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10465 GIBSONTON DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 26-2504696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQUIRE
1968 BAYSHORE BOULEVARD
DUNEDIN, FL 34698 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: MGR ( ) Delete
Name: ARNOLD, SCOTT DMD
Address: 3304 SIERRA CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: MGR ( ) Delete
Name: PARKINSON, ROBERT W DMD
Address: 1708 SOUTH HABANA AVENUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SCOTT D. ARNOLD, DMD MGR 04/27/2009

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