

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000042700

**FILED**  
**Jan 31, 2010**  
**Secretary of State**

**Entity Name:** DR. QUINN FAMILY DENTISTRY, PLLC

**Current Principal Place of Business:**

430 S.E. 17TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

430 S.E. 17TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:** 26-2533165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, KAYLEEN M D.M.D.  
430 S.E. 17TH STREET  
OCALA, FL 34471 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: QUINN, KAYLEEN M D.M.D.  
Address: 430 S.E. 17TH STREET  
City-St-Zip: OCALA, FL 34471 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: KAYLEEN M. QUINN, D.M.D.

MGRM

01/31/2010

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