2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# L08000042700

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 Statues.

SIGNATURE: KAYLEEN M. QUINN, D.M.D. MGRM 02/10/2011

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