

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049870

FILED
Feb 16, 2011
Secretary of State

Entity Name: ASTORIA DENTAL MANAGEMENT, L.L.C.

Current Principal Place of Business:

18140 NE 19TH AVE
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

18140 NE 19TH AVE
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 26-2643971 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHOCHET, RANDALL M
1880 NORTH CONGRESS AVE., SUITE 205
BOYNTON BEACH, FL 33426 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
Name: WILKES, EVAN
Address: 18140 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 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: EVAN WILKES

MGR

02/16/2011

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