

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050586

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED DENTAL CARE (QUAIL MEADOWS), LLC

**Current Principal Place of Business:**

4949 NW BLITCHTON ROAD (HWY 27)  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH SCHOOL AVENUE, SUITE 1000  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 26-2656934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLS, DAVID P  
ONE SOUTH SCHOOL AVENUE, SUITE 1000  
SARASOTA, FL 34237 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:** CHILDERS, MICHAEL  
**Address:** ONE SOUTH SCHOOL AVENUE, SUITE 1000  
**City-St-Zip:** SARASOTA, FL 34237

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: MICHAEL CHILDERS

MGR

04/01/2010

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