

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050876

Entity Name: DENTAL SCIENCE, LLC

FILED  
Feb 17, 2009  
Secretary of State

**Current Principal Place of Business:**

4814 ORCHARD LANE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4814 ORCHARD LANE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 26-2698211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAOW, JOHNNY G  
4814 ORCHARD LANE  
DELRAY BEACH, FL 33445 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: LAOW, JOHNNY G  
Address: 4814 ORCHARD LANE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: KARROUM, KAMIL  
Address: 2740 WINDSTREAM WAY  
City-St-Zip: LAWRENCEVILLE, GA 30044

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: KAMIL KARROUM

MGRM

02/17/2009

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