

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053332

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** CALLAHAN DENTAL LAB, LLC

**Current Principal Place of Business:**

5810 WESTPORT LANE  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5810 WESTPORT LANE  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 26-2674818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALLAHAN, JOHN S  
5810 WESTPORT LANE  
NAPLES, FL 34116 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: CALLAHAN, SUZANNE R  
Address: 5810 WESTPORT LANE  
City-St-Zip: NAPLES, FL 34116

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: JOHN S CALLAHAN

MGRM

02/20/2011

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