

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053993

FILED
Jan 27, 2009
Secretary of State

Entity Name: DENTAL EXPRESSIONS OF FORT MYERS L.L.C.

Current Principal Place of Business:

3230 THE FORUM BLVD.
FT. MYERS, F; 33905

New Principal Place of Business:

3230 THE FORUM BLVD.
501
FT. MYERS, FL 33905

Current Mailing Address:

3230 THE FORUM BLVD.
FT. MYERS, F; 33905

New Mailing Address:

3230 THE FORUM BLVD.
501
FT. MYERS, FL 33905

FEI Number: 26-2735338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADILLA, RAMON
210 MONTEREY DRIVE
NAPLES, FL 33905 US

Name and Address of New Registered Agent:

PADILLA, RAMON
210 MONTEREY DRIVE
NAPLES, FL 34119 US

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: RAMON PADILLA

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PADILLA, RAMON
Address: 210 MONTEREY DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: SANTIAGO-NORAT, SOLYMAR
Address: 210 MONTEREY DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

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

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

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: RAMON PADILLA

MGR

01/27/2009

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