2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# L08000060679

Entity Name: BRADENTON ORAL SURGERY CENTER, LLC

Current Principal Place of Business:

2902 59TH STREET, WEST
BRADENTON, FL 34209

New Principal Place of Business:

2902 59TH STREET, WEST
H
BRADENTON, FL 34209

Current Mailing Address:

2902 59TH STREET, WEST
BRADENTON, FL 34209

New Mailing Address:

2902 59TH STREET, WEST
H
BRADENTON, FL 34209

FEI Number: 38-3786293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, THOMAS A DDS
2902 59TH STREET, WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

ANDERSON, THOMAS A DDS
2902 59TH STREET, WEST
H
BRADENTON, FL 34209 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: _____ 06/24/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANDERSON, THOMAS A DDS
Address: 2902 59TH STREET, WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES:

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: THOMAS A. ANDERSON DDS MGRM 06/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date