

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060679

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** BRADENTON ORAL SURGERY CENTER, LLC

**Current Principal Place of Business:**

2902 59TH STREET, WEST  
H  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

2902 59TH STREET, WEST  
H  
BRADENTON, FL 34209

**New Mailing Address:**

**FEI Number:** 38-3786293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, THOMAS A DDS  
2902 59TH STREET, WEST  
H  
BRADENTON, FL 34209 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: ANDERSON, THOMAS A DDS  
Address: 2902 59TH STREET, WEST  
City-St-Zip: BRADENTON, FL 34209

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: THOMAS A ANDERSON

PRES

01/26/2010

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