

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062024

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** LESLEY J. RUDOLPH D.M.D., P.L.

**Current Principal Place of Business:**

4911 W. BAY WAY PLACE  
TAMPA, FL 33629

**New Principal Place of Business:**

3224 HENDERSON BOULEVARD  
TAMPA, FL 33609

**Current Mailing Address:**

4911 W. BAY WAY PLACE  
TAMPA, FL 33629

**New Mailing Address:**

3224 HENDERSON BOULEVARD  
TAMPA, FL 33609

**FEI Number:** 26-3026158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUDOLPH, LESLEY J DMD  
4911 W BAY WAY PLACE  
TAMPA, FL 33629 US

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

RUDOLPH, LESLEY J DMD  
3224 HENDERSON BOULEVARD  
TAMPA, FL 33609 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: LESLEY RUDOLPH

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RUDOLPH, LESLEY J D.M.D.  
Address: 3224 HENDERSON BOULEVARD  
City-St-Zip: TAMPA, FL 33609

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: LESLEY RUDOLPH

MGRM

01/04/2011

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