2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L08000064742

Entity Name: PEDIATRIC DENTISTRY OF BONITA, PLLC

Current Principal Place of Business:

25099 PINEWATER COVE LANE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

9510 BONITA BEACH RD
SUITE 101
BONITA SPRINGS, FL 34135

Current Mailing Address:

25099 PINEWATER COVE LANE
BONITA SPRINGS, FL 34134

New Mailing Address:

9510 BONITA BEACH RD
SUITE 101
BONITA SPRINGS, FL 34135

FEI Number: 26-2926827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

TAYLOR, ERIN M MANAGER
9510 BONITA BEACH RD
SUITE 101
BONITA SPRINGS, FL 34135 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: ERIN TAYLOR 04/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TAYLOR, ERIN M
Address: 25099 PINEWATER COVE LANE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TAYLOR, ERIN M
Address: 9510 BONITA BEACH RD SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

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: ERIN TAYLOR MGR 04/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date