2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L08000070194

Entity Name: DDSDMD LLC

Current Principal Place of Business:

2621 MITCHAM DRIVE
SUITE #102
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2533 CARTHAGE LANE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 26-3209956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BASTEIN, RICHARD J
2540 ULYSSES RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

BASTIEN, RICHARD J DMD
2533 CARTHAGE LANE
TALLAHASSEE, FL 32312 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: RICHARD JEAN-PIERRE BASTIEN 01/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BASTIEN, RICHARD J
Address: 2540 ULYSSES RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR ( ) Delete
Name: STRAND, DEBORAH
Address: 2621 MITCHAM DRIVE, STE. 102
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BASTIEN, RICHARD J DMD
Address: 2533 CARTHAGE LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change ( ) Addition
Name: BASTIEN, TONYA N
Address: 2533 CARTHAGE LANE
City-St-Zip: TALLAHASSEE, FL 32312

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: RICHARD JEAN-PIERRE BASTIEN MGRM 01/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date