

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075270

Entity Name: MT DORA DENTAL CARE LLC

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

2390 W. OLD HWY 441
STE. 2
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

2390 W. OLD HWY 441
STE. 2
MT DORA, FL 32757 US

New Mailing Address:

P. O. BOX 916552
LONGWOOD, FL 32791 US

FEI Number: 26-3134368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

JOHARY, CARLOS F
2390 W. OLD HWY 441
STE. 2
MT DORA, FL 32757 US

Name and Address of New Registered Agent:

JOHARY, CARLOS F
2019 VANDERBILT POINT
LONGWOOD, FL 32779 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: CF JOHARY DMD PA

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARLOS, JOHARY F
Address: 2390 W. OLD HWY 441, STE 2
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARLOS, JOHARY F
Address: 2019 VANDERBILT POINT
City-St-Zip: LONGWOOD, FL 32779 US

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: CF JOHARY DMD PA

PRES

05/05/2009

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