

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075270

Entity Name: MT DORA DENTAL CARE LLC

**FILED**  
**Apr 04, 2011**  
**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:**

P. O. BOX 916552  
LONGWOOD, FL 32791 US

**New Mailing Address:**

1321 APOPKA AIRPORT RD  
APOPKA, FL 32712 US

FEI Number: 26-3134368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHARY, C F  
2019 VANDERBILT POINT  
LONGWOOD, FL 32779 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: DR  
Name: C., JOHARY F  
Address: 2019 VANDERBILT POINT  
City-St-Zip: LONGWOOD, FL 32779 US

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: C F JOHARY

MGR

04/04/2011

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