

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075511

FILED
May 05, 2009
Secretary of State

Entity Name: OXFORD DENTAL CARE LLC

Current Principal Place of Business:

11905 US HWY 301 N.
THE VILLAGES, FL 34484 US

New Principal Place of Business:

Current Mailing Address:

11905 US HWY 301 N.
THE VILLAGES, FL 34484 US

New Mailing Address:

P.O. BOX 916552
LONGWOOD, FL 32791 US

FEI Number: 26-3133763 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
11905 US HWY 301 N
THE VILLAGES, FL 34484 US

Name and Address of New Registered Agent:

JOHARY, CARLOS F
2019 VANDERBILT PT.
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: JOHARY, CARLOS F
Address: 11905 US HWY 301 N.
City-St-Zip: THE VILLAGES, FL 34484 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHARY, CARLOS 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