

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075511

FILED
Jan 12, 2012
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:

1321 APOPKA AIRPORT RD
UNIT G
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 26-3133763 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C.F. JOHARY DMD, PA
1321 APOPKA AIRPORT RD UNIT G
APOPKA, FL 32712 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: MGR
Name: JOHARY, C F DMD, PA
Address: 1
City-St-Zip: APOPKA, FL 32712 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 01/12/2012

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