

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075530

FILED
May 05, 2009
Secretary of State

Entity Name: LADY LAKE DENTAL CARE LLC

Current Principal Place of Business:

13915 U.S. HWY 441 N.
THE VILLAGES, FL 32159

New Principal Place of Business:

13915 U.S. HWY 441 N.
THE VILLAGES, FL 32159 US

Current Mailing Address:

13915 U.S. HWY 441 N.
THE VILLAGES, FL 32159

New Mailing Address:

P.O. BOX 916552
LONGWOOD, FL 32791 US

FEI Number: 26-3134095 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
13915 U.S. HWY 441 N.
THE VILLAGES, FL 32159 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: JOHARY, CARLOS F
Address: 13915 US HWY 441 N.
City-St-Zip: THE VILLAGES, FL 32159

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