

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000085336

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** GEORGE PEDIATRIC DENTAL LLC

**Current Principal Place of Business:**

346 CALLIOPE STREET  
OCOEE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1576  
HALLANDALE BEACH, FL 33008 US

**New Mailing Address:**

409 GLEN RIDGE DRIVE  
MURPHY, TX 75094 US

**FEI Number:** 26-3414817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: MGRM  
Name: GEORGE, SHERYL  
Address: 346 CALLIOPE STREET  
City-St-Zip: OCOEE, FL 34761 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: SHERYL GEORGE

MGRM

01/10/2010

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