2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2009
Secretary of State

DOCUMENT# L08000086014

Entity Name: DMD PARTNERSHIP, LLC

Current Principal Place of Business:

2750 CHANCELLORSVILLE DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

1318 N MILLS AVENUE
ORLANDO, FL 32803

Current Mailing Address:

2750 CHANCELLORSVILLE DR
TALLAHASSEE, FL 32312

New Mailing Address:

1318 N MILLS AVENUE
ORLANDO, FL 32803

FEI Number: 59-2134993 **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:

HOUFF, JANICE T
2750 CHANCELLORSVILLE DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

WATKINS, DENNIS M DMD
1318 N MILLS AVENUE
ORLANDO, FL 32803 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: D. M. WATKINS, DMD 06/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: WATKINS, DENNIS M DMD
Address: 1318 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 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: D. M. WATKINS, DMD DR. 06/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date