2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

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Entity Name: SIGMA DENTAL OF KISSIMMEE LLC

Current Principal Place of Business:

2102 EAST OSCEOLA PKWY
2102 & 2104
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

2102 EAST OSCEOLA PKWY
2102 & 2104
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 26-3732824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPRANO, FABIOLA E
2102 EAST OSCEOLA PKWY
2102 & 2104
KISSIMME, FL 34743 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: GRAHAM, IVAN DR
Address: 2102 EAST OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGR
Name: SIGMA DENTAL INC
Address: 2102 EAST OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGR
Name: SWIDOROWICZ, ROGER DR
Address: 2102 EAST OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGR
Name: SOPRANO, FABIOLA DR
Address: 2102 EAST OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743 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 Statues.

SIGNATURE: FABIOLA SOPRANO MGR 01/18/2011

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