

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096900

FILED
Mar 26, 2009
Secretary of State

Entity Name: FLORIDA EMERGENCY DENTAL CARE, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1825 TAMIAMI TRAIL, UNIT A-4
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1825 TAMIAMI TRAIL, UNIT A-4
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 80-0280902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, RYAN E.
1825 TAMIAMI TRAIL, UNIT A-4
PORT CHARLOTTE, FL 33948 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 () Delete
Name: THOMASINO, MICHAEL
Address: 13032 KERNAN MILL LANE
City-St-Zip: S. JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: BOELLER, JAMES N.
Address: 440 LAKE OF THE WOODS DR
City-St-Zip: VENICE, FL 34293

Title: MGR () Delete
Name: ROBERTS, RYAN E.
Address: 889 ROTONDA CIR
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RYAN E ROBERTS

MGR

03/26/2009

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