

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106156

**FILED**  
**Mar 03, 2009**  
**Secretary of State**

**Entity Name:** TAMPA BAY DENTAL IMPLANTS AND PERIODONTICS, P.L.

**Current Principal Place of Business:**

10139 BELGRAVE RD  
TAMPA, FL 33626

**New Principal Place of Business:**

6700 CROSSWINDS DR. N  
SUITE 200B  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

10139 BELGRAVE RD  
TAMPA, FL 33626

**New Mailing Address:**

6700 CROSSWINDS DR N  
SUITE 200B  
ST PETERSBURG, FL 33710

**FEI Number:** 26-3746767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH AEBEL, ERIN ESQ  
SHUMAKER LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD. SUITE 2800  
TAMPA, FL 33602 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 ( ) Delete  
**Name:** YU, ROBERT J DMD  
**Address:** 10139 BELGRAVE RD  
**City-St-Zip:** TAMPA, FL 33626

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** YU, ROBERT J DMD  
**Address:** 6700 CROSSWINDS DR. N SUITE 200B  
**City-St-Zip:** ST PETERSBURG, FL 33710

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:** ROBERT J YU

DR

03/03/2009

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