2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# L08000107158

Entity Name: ADVANCED PROSTHETIC AND IMPLANT DENTISTRY L.L.C.

Current Principal Place of Business:

929 N. HIGHWAY 441/27
LADY LAKE, FL 32159

New Principal Place of Business:

929 N. HIGHWAY 441/27
SUITE 301
LADY LAKE, FL 32159

Current Mailing Address:

1107 S.E. 24 TERRACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 32-0267278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, KEVIN B
1107 SE 24 TERR
OCALA, FL 34471 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: WALLACE, KEVIN
Address: 1107 S.E. 24 TERRACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

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: KEVIN B. WALLACE MGMB 03/08/2009

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