

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107158

FILED
Mar 25, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

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 Statutes.

SIGNATURE: KEVIN B WALLACE

MGR

03/25/2010

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