2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000108632

Entity Name: ARTISTIC DENTAL OF POLK CITY, LLC

Current Principal Place of Business:

120 CARTER BLVD.
SUITE 7
POLK CITY, FL 33868 US

New Principal Place of Business:

Current Mailing Address:

120 CARTER BLVD.
SUITE 7
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 26-3770628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSTON, DAVID W DR
120 CARTER BLVD.
SUITE 7
POLK CITY, FL 33868 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: RAINY DAY MANAGEMENT, LLC
Address: 4265 HWY. 98 NORTH, STE. 531
City-St-Zip: LAKELAND, FL 33809 US

Title: MGRM ( ) Delete
Name: GOLDSTON, DAVID W DR.
Address: 120 CARTER BLVD., STE. 7
City-St-Zip: POLK CITY, FL 33868 US

ADDITIONS/CHANGES:

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: NANCY S. GOLDSTON, MANAGING MEMBER MRS. 04/28/2009

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