

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109594

FILED  
Sep 01, 2009  
Secretary of State

Entity Name: SUNSHINE DENTAL PARTNERS, LLC

**Current Principal Place of Business:**

1674 W. HIBISCUS BLVD.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1674 W. HIBISCUS BLVD.  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CHRISTIE, TIM  
1674 W. HIBISCUS BLVD.  
MELBOURNE, FL 32901 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: JONESVILLE FAMILY DENTISTRY PA  
Address: 175 NW 138TH TERRACE, STE. 200  
City-St-Zip: NEWBERRY, FL 32669

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

Title: MGRM ( ) Delete  
Name: CHRISTIE DENTAL PRACTICE GROUP PLLC  
Address: 1674 W. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901

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

Title: MGR ( ) Delete  
Name: CHRISTIE, TIM  
Address: 1674 W. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901

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

Title: MGR ( ) Delete  
Name: NENKAR, VIVEK  
Address: 175 NW 138TH TERRACE, STE. 200  
City-St-Zip: NEWBERRY, FL 32669

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

Title: MGR ( ) Delete  
Name: CHRISTIE, TODD  
Address: 1794 W. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901

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: TIM CHRISTIE

MGR

09/01/2009

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