2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

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Entity Name: JACKSON & JOYCE FAMILY DENTISTRY, P.L.

Current Principal Place of Business:

1910 SE 18 AVE.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1910 SE 18 AVE.
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-3835251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT A. JACKSON, D.M.D., P.A.
1910 SE 18 AVE.
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: MGRM ( ) Delete
Name: SCOTT A. JACKSON, D., M.D., P.A.
Address: 1910 SE 18 AVE.
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: JOSEPH C. JOYCE, D.M, .D., M.S, P.A.
Address: 1910 SE 18 AVE.
City-St-Zip: OCALA, FL 34471

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: SCOTT A. JACKSON MGRM 01/21/2009

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