2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Title: MGRM
Name: JOSEPH C. JOYCE, D.M.D., M.S, P.A.
Address: 1910 SE 18 AVE.
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 Statues.

SIGNATURE: SCOTT A. JACKSON MGMR 01/08/2010

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