

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111022

Entity Name: AMS DENTAL, PLLC

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5481 N UNIVERSITY DRIVE  
# 103  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

5481 N UNIVERSITY DRIVE  
# 103  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

FEI Number: 26-3811492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEGELNICK, ANDREW M  
5481 N UNIVERSITY DR.,  
# 103  
CORAL SPRINGS, FL 33067 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: SEGELNICK, ANDREW M  
Address: 4437 NW 82 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: ANDREW M SEGELNICK

P

04/08/2010

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