

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111022

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: AMS DENTAL, PLLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

9750 NW 33 STREET  
SUITE 217  
CORAL SPRINGS, FL 33065 US

**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:**

SEGELNICK, ANDREW M  
4437 NW 82 AVENUE  
CORAL SPRINGS, FL 33065 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: ANDREW SEGELNICK

04/20/2011

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 SEGELNICK

MGRM

04/20/2011

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