

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111022

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** AMS DENTAL, PLLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

4437 NW 82ND AVE  
CORAL SPRINGS, FL 33065 US

**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  
4437 NW 82 AVENUE  
CORAL SPRINGS, FL 33065 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 SEGELNICK

MNGR

02/10/2012

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