2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L08000114827

Entity Name: M & D DENTAL ARTS, LLC

Current Principal Place of Business:

1113 BALFOUR DR
DELTONA, FL 32725 US

New Principal Place of Business:

370 CENTERPOINTE CIR
SUITE 1124
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1113 BALFOUR DR
DELTONA, FL 32725 US

New Mailing Address:

370 CENTERPOINTE CIR
SUITE 1124
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 26-3891168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLENN, DAVID
1113 BALFOUR DR
DELTONA, FL 32725 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: GLENN, DAVID
Address: 1113 BALFOUR DR
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM ( ) Delete
Name: POLI, MEL
Address: 510 COX DR
City-St-Zip: ORLANDO, FL 32833

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: DAVID J GLENN MGRM 04/17/2009

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