

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114827

Entity Name: M & D DENTAL ARTS, LLC

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

370 CENTERPOINTE CIR  
SUITE 1124  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

370 CENTERPOINTE CIR  
SUITE 1124  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

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

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

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: DAVID J GLENN

CEO

04/07/2011

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