

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009694

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Entity Name:** KILSHTOK DENTAL ADMINISTRATION, LLC

**Current Principal Place of Business:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 304  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 304  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

20941 N.E. 37TH COURT  
AVENTURA, FL 33180 US

**FEI Number:** 26-4145159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHOCHET, RANDALL M  
1880 N. CONGRESS AVENUE  
SUITE 205  
BOYNTON BEACH, FL 33426 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: KILSHTOK, TAMMY  
Address: 2100 E. HALLANDALE BEACH BLVD., SUITE 304  
City-St-Zip: HALLANDALE BEACH, FL 33009 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: TAMMY KILSHTOK

MGRM

01/17/2010

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