

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043725

Entity Name: MEDINA DENTAL, L.L.C.

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6230 SCOTT ST, UNIT 212  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

6230 SCOTT ST, UNIT 212  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 26-4826766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MEDINA, AVIS M  
3072 JUNCTION STREET  
NORTH PORT, FL 34288 US

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

MEDINA, AVIS M  
6230 SCOTT ST, UNIT 212  
PUNTA GORDA, FL 33950 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: AVIS M MEDINA

03/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDINA, AVIS M DMD  
Address: 6230 SCOTT ST, UNIT 212  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM  
Name: KRUEGER, REBECCA A  
Address: 6230 SCOTT ST, UNIT 212  
City-St-Zip: PUNTA GORDA, FL 33950 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: AVIS M MEDINA

MGRM

03/16/2010

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