

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000051851

FILED
Apr 04, 2011
Secretary of State

Entity Name: DENTISTS NATIONAL INSURANCE GROUP, LLC

Current Principal Place of Business:

1401 N UNIVERSITY DRIVE
SUITE 602
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1401 N UNIVERSITY DRIVE
SUITE 602
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 27-0281801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERMAN GROUP, LLC
1401 N UNIVERSITY DRIVE
SUITE 602
CORAL SPRINGS, FL 33071 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: PRES
Name: PETERMAN, MICHAEL D
Address: 1401 N UNIVERSITY DRIVE, SUITE 602
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VPT
Name: PETERMAN, PATRICIA S
Address: 1401 N UNIVERSITY DRIVE, SUITE 602
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGR
Name: PETERMAN, MICHAEL D
Address: 1401 N UNIVERSITY DRIVE, SUITE 602
City-St-Zip: CORAL SPRINGS, FL 33071 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: PATRICIA S PETERMAN

VPT

04/04/2011

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