

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059404

FILED
Apr 21, 2010
Secretary of State

Entity Name: FLORIDA FAMILY DENTISTRY ADMINISTRATIVE SERVICES, L.L.C.

Current Principal Place of Business:

4 OLD KINGS ROAD NORTH
SUITE A
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

4 OLD KINGS ROAD NORTH
SUITE A
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 27-0414369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEALTH MANAGEMENT SYSTEMS
701E SEBASTIAN BOULEVARD
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

JOHNSTON, GREGORY A
3423 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136 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: GREGORY A. JOHNSTON

04/21/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JOHNSTON, GREGORY A
Address: 3423 N. OCEANSHORE BOULEVARD
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: MGRM
Name: JOHNSTON, MARGARET W
Address: 3423 N. OCEANSHORE BOULEVARD
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM
Name: BECH MAGEE, JESSIE
Address: 94 TROTTERS LANE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: MGRM
Name: RAY, TRAVIS E
Address: 4 OLD KINGS RD. N., SUITE A
City-St-Zip: PALM COAST, FL 32137 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: GREGORY A. JOHNSTON

MGRM

04/21/2010

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