2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# L09000059404

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:

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

SIGNATURE: GREGORY A. JOHNSTON MGRM 05/01/2011

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