

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068812

FILED
Jan 05, 2010
Secretary of State

Entity Name: CITRUS CARE DENTAL ASSOCIATION PLLC

Current Principal Place of Business:

514 N LECANTO HWY
ALLEN RIDGE
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

514 N LECANTO HWY
ALLEN RIDGE
LECANTO, FL 34461

New Mailing Address:

FEI Number: 27-0567364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRA, EDWARD CPA
6118 W CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429 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: PADGETT, GARY S DDS
Address: 514 N LECANTO HWY
City-St-Zip: LECANTO, FL 34461

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: GARY S. PADGETT DDS

MGRM

01/05/2010

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