

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070455

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** SENIOR DENTAL CARE, LLC

**Current Principal Place of Business:**

18908 NE STATE ROAD 69  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

16629 SE PEAR ST  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

18908 NE STATE ROAD 69  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

P.O. BOX 413  
BLOUNTSTOWN, FL 32424

**FEI Number:** 01-0931775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAYNE, TONY  
18908 NE STATE ROAD 69  
BLOUNTSTOWN, FL 32424 US

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

TONY LAYNE  
16629 SE PEAR ST  
BLOUNTSTOWN, FL 32424 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: TONY LAYNE

01/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LAYNE, TONY  
Address: 16629 SE PEAR ST  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: MGRM  
Name: LAYNE DENTAL INVESTMENTS, LLC  
Address: 19606 SR 20 WEST  
City-St-Zip: BLOUNTSTOWN, FL 32424

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: TONY LAYNE

MGR

01/10/2011

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