

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070901

FILED
Mar 31, 2011
Secretary of State

Entity Name: TRIANGLE DDS (JACKSONVILLE), LLC

Current Principal Place of Business:

ONE SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

New Principal Place of Business:

6240 LAKE OSPREY DRIVE
SARASOTA, FL 34240

Current Mailing Address:

ONE SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

New Mailing Address:

6240 LAKE OSPREY DRIVE
SARASOTA, FL 34240

FEI Number: 27-0605740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, DAVID P
ONE SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

NICHOLS, DAVID P
6240 LAKE OSPREY DRIVE
SARASOTA, FL 34240 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:

03/31/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NICHOLS, DAVID P
Address: 6240 LAKE OSPREY DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: MGR
Name: MATZKIN, STEVEN R
Address: 6240 LAKE OSPREY DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: MGR
Name: OLAN, MITCHELL B
Address: 6240 LAKE OSPREY DRIVE
City-St-Zip: SARASOTA, FL 34240

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: DAVID P. NICHOLS

CFO

03/31/2011

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