

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074282

FILED
Apr 26, 2011
Secretary of State

Entity Name: DENTIMED SAO JOAO LLC

Current Principal Place of Business:

4409 DOGWOOD CIRCLE
WESTON, FL 33331 US

New Principal Place of Business:

2213 N COMMERCE PKWY
FORT LAUDERDALE, FL 33326 US

Current Mailing Address:

4409 DOGWOOD CIRCLE
WESTON, FL 33331 US

New Mailing Address:

2213 N COMMERCE PKWY
FORT LAUDERDALE, FL 33326 US

FEI Number: 27-0673670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA SUAREZ, ANGELINA
4409 DOGWOOD CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

DA SILVA SUAREZ, ANGELINA
2213 N COMMERCE PKWY
FORT LAUDERDALE, FL 33326 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: ANGELINA DA SILVA

04/26/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DA SILVA SUAREZ, ANGELINA
Address: 2213 N COMMERCE PKWY
City-St-Zip: FORT LAUDERDALE, FL 33326 US

Title: MGRM
Name: FRANCO, FRANCISCO
Address: 2213 N COMMERCE PKWY
City-St-Zip: WESTON, FL 33326 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: ANGELINA DA SILVA

MGRM

04/26/2011

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