

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074369

FILED  
Jan 08, 2011  
Secretary of State

Entity Name: MARION DENTAL GROUP, PLLC

**Current Principal Place of Business:**

9277 S.E. MARICAMP ROAD  
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

9277 S.E. MARICAMP ROAD  
OCALA, FL 34472 US

**New Mailing Address:**

FEI Number: 27-0728558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAILEY, THOMAS K D.M.D.  
9277 S.E. MARICAMP ROAD  
OCALA, FL 34472 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: MGR  
Name: BAILEY, THOMAS K D.M.D.  
Address: 9277 S.E. MARICAMP ROAD  
City-St-Zip: Ocala, FL 34472 US

Title: MGR  
Name: HOPE, TIMOTHY K D.M.D.  
Address: 9277 S.E. MARICAMP ROAD  
City-St-Zip: Ocala, FL 34472 US

Title: MGR  
Name: EDWARDS, JAMES E D.D.S.  
Address: 9277 S.E. MARICAMP ROAD  
City-St-Zip: Ocala, FL 34472 US

Title: MGR  
Name: WALTER, RICHARD D D.M.D.  
Address: 9277 S.E. MARICAMP ROAD  
City-St-Zip: Ocala, FL 34472 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: THOMAS K. BAILEY

MGR

01/08/2011

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