

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074369

FILED
Jan 13, 2012
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

01/13/2012

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