

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077076

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ART OF SMILES DENTISTRY, P.L.

**Current Principal Place of Business:**

3760 20TH ST., STE A  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

3760 20TH ST., STE A  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 27-0737304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AEBEL, ERIN S ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA, FL 33602 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:** MGRM  
**Name:** FOX, JULIE R D.D.S.  
**Address:** 3760 20TH ST., STE A  
**City-St-Zip:** VERO BEACH, FL 32960

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:** JULIE R FOX DDS

MGRM

04/19/2011

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