

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081281

Entity Name: AKEL DENTAL, PLLC

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5445 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

5445 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 27-0801713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AKEL, AMIR  
5963 PATRICIA PLACE  
SPRING HILL, FL 34607 US

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

AKEL, AMIR  
5963 PATRICIA PLACE  
SPRING HILL, FL 34607 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: AMIR AKEL

02/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AMIR AKEL, DMD, PLLC  
Address: 5963 PATRICIA PLACE  
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM  
Name: BASSIL AKEL, DMD, PLLC  
Address: 5963 PATRICIA PLACE  
City-St-Zip: SPRING HILL, FL 34607

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: AMIR AKEL

MGMR

02/28/2011

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