

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083036

Entity Name: ASAP DENTAL CARE, LLC

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6817 SOUTHPOINT PARKWAY  
SUITE 702  
JACKSONVILLE, FL 32216 US

## **Current Mailing Address:**

6817 SOUTHPOINT PARKWAY  
SUITE 702  
JACKSONVILLE, FL 32216 US

## **New Principal Place of Business:**

6817 SOUTHPOINT PARKWAY  
SUITE 1202  
JACKSONVILLE, FL 32216 US

## **New Mailing Address:**

6817 SOUTHPOINT PARKWAY  
SUITE 1202  
JACKSONVILLE, FL 32216 US

FEI Number: 27-0814354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURSONOFF, TIM  
10986 WOOD EDEN COURT  
JACKSONVILLE, FL 32256 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: TURSONOFF, TIM  
Address: 10986 WOOD EDEN COURT  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR  
Name: TURSUNOV, ANGELLA  
Address: 10986 WOOD EDEN COURT  
City-St-Zip: JACKSONVILLE, FL 32256 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: TIM TURSONOFF

COO

04/23/2011

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