

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084900

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ORTHODONTIC SPECIALISTS MANAGEMENT, LLC

**Current Principal Place of Business:**

3001 EXECUTIVE DR  
SUITE 180  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

3001 EXECUTIVE DR  
SUITE 180  
CLEARWATER, FL 33762

**New Mailing Address:**

**FEI Number:** 27-0838769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE COHRS LAW GROUP, P.A.  
1901 ULMERTON ROAD, SUITE 425  
CLEARWATER, FL 33762 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:** PRES  
**Name:** SHOOPAK, ALAN D  
**Address:** 3001 EXECUTIVE DR, SUITE 180  
**City-St-Zip:** CLEARWATER, FL 33762

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:** ALAN D. SHOOPAK

PRES

04/19/2012

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