

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085639

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC DENTAL CARE, LLC

**Current Principal Place of Business:**

700 U.S. #1  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

700 U.S. #1  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number:** 27-0857796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOST, DOUGLAS S DDS  
2830 SE FEDERAL HIGHWAY  
STUART, FL 34994 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:** MOST, DOUGLAS S DDS  
**Address:** 74 N SEWALLS PT RD  
**City-St-Zip:** SEWALLS POINT, FL 34996

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:** DOUGLAS S MOST

MGRM

01/18/2010

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