

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100561

FILED
Apr 17, 2012
Secretary of State

Entity Name: PERIODONTAL HEALTH CENTER, P.L.

Current Principal Place of Business:

5522 GULF DRIVE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5522 GULF DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 27-1198137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBER, STEVEN
5522 GULF DRIVE
NEW PORT RICHEY, FL 34652 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: LIEBER, STEVEN I
Address: 5522 GULF DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGRM
Name: STILLEY, JESSICA
Address: 5522 GULF DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 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: STEVEN I LIEBER

MGRM

04/17/2012

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