

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109950

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** TDM OF GAINESVILLE, LLC

**Current Principal Place of Business:**

340 N.W. 76TH DRIVE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

340 N.W. 76TH DRIVE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 27-1406708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TYLER, KATHY D.M.D.  
340 N.W. 76TH DRIVE  
GAINESVILLE, FL 32607 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:** P  
**Name:** TYLER, KATHY DMD  
**Address:** 340 NW 76TH DRIVE  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** P  
**Name:** DEAN, GLENN DMD  
**Address:** 340 NW 76TH DRIVE  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** P  
**Name:** MARKHAM, SAMUEL DMD  
**Address:** 340NW 76TH DRIVE  
**City-St-Zip:** GAINESVILLE, FL 32607

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:** KATHY TYLER

P

04/11/2012

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