

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000294

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** ALLIANCE DENTAL MANAGEMENT, LLC

**Current Principal Place of Business:**

300 DUNES BLVD.#1204  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

300 DUNES BLVD.#1204  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 27-1681553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARC F. OATES, P.A.  
5515 BRYSON DRIVE, STE 502  
NAPLES, FL 34109 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:** MATTSCH EI, MARCELO W  
**Address:** 300 DUNES BLVD.#1204  
**City-St-Zip:** NAPLES, FL 34110

**Title:** MGR  
**Name:** ATKINSON, AUBREY W  
**Address:** 9522 GREENPOINTE DR.  
**City-St-Zip:** TAMPA, FL 33626

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:** MARCELO W. MATTSCH EI

MGR

04/20/2010

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