

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000014255

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** LAKE MYRTLE CENTER FOR ADVANCED DENTISTRY, PL

**Current Principal Place of Business:**

2016 US HIGHWAY 92 WEST  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

2016 US HIGHWAY 92 WEST  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 80-0542370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ACOSTA, HENRY  
2016 US HIGHWAY 92 WEST  
AUBURNDALE, FL 33823 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: ACOSTA, HENRY  
Address: 2016 US HIGHWAY 92 WEST  
City-St-Zip: AUBURNDALE, FL 33823

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: HENRY ACOSTA

MGR

02/28/2012

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