2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2011
Secretary of State

DOCUMENT# L10000016449

Entity Name: CAMPBELL ORTHODONTICS, LLC

Current Principal Place of Business:

1019 CROSSPOINTE DR
STE 2
NAPLES, FL 34110

New Principal Place of Business:

859 NOTTINGHAM DRIVE
NAPLES, FL 34109

Current Mailing Address:

1019 CROSSPOINTE DR
STE 2
NAPLES, FL 34110

New Mailing Address:

859 NOTTINGHAM DRIVE
NAPLES, FL 34109

FEI Number: 90-0538736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, ERIKA DMD
1019 CROSSPOINTE DR
STE 2
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

CAMPBELL, ERIKA DMD
859 NOTTINGHAM DRIVE
NAPLES, FL 34109 US

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: _____ 01/30/2011
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CAMPBELL, ERIKA
Address: 859 NOTTINGHAM DRIVE
City-St-Zip: NAPLES, FL 34109

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 Statues.

SIGNATURE: ERIKA CAMPBELL DR. 01/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date