

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030632

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO DENTAL ER CENTER, PLLC

**Current Principal Place of Business:**

501 MARISOL CIRCLE, APT 206  
CELEBRATION, FL 34747

**New Principal Place of Business:**

501 MARISOL CIRCLE  
APT 206  
CELEBRATION, FL 34747

**Current Mailing Address:**

501 MARISOL CIRCLE, APT 206  
CELEBRATION, FL 34747

**New Mailing Address:**

501 MARISOL CIRCLE  
APT 206  
CELEBRATION, FL 34747

**FEI Number:** 27-2195537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, MAX A ESQ.  
1400 N.W. 10TH AVENUE, PENTHOUSE III  
THE MEDI-LAW FIRM  
MIAMI, FL 33136 US

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

ADAMS, MAX A ESQ.  
2100 PONCE DE LEON BLVD, SUITE 1000  
THE MEDI-LAW FIRM  
CORAL GABLES, FL 33136 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:

01/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ELHAMARNAH, RASSEL  
Address: 501 MARISOL CIRCLE, APT 206  
City-St-Zip: CELEBRATION, FL 34747

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: RASSEL ELHAMARNAH

MGRM

01/14/2011

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