

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041433

FILED
Mar 25, 2011
Secretary of State

Entity Name: WESTMORELAND DENTAL, LLC

Current Principal Place of Business:

1941 W. COUNTY ROAD 419, SUITE 1061
OVIEDO, FL 32766

New Principal Place of Business:

1941 W. COUNTY ROAD 419
SUITE 1061
OVIEDO, FL 32766

Current Mailing Address:

1941 W. COUNTY ROAD 419, SUITE 1061
OVIEDO, FL 32766

New Mailing Address:

1941 W. COUNTY ROAD 419
SUITE 1061
OVIEDO, FL 32766

FEI Number: 27-2625978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WESTMORELAND, PAMELA
1941 W. COUNTY ROAD 419, SUITE 1061
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

WESTMORELAND, PAMELA
1941 W. COUNTY ROAD 419
SUITE 1061
OVIEDO, FL 32766 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:

03/25/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WESTMORELAND, PAMELA
Address: 1941 W. COUNTY ROAD 419, SUITE 1061
City-St-Zip: OVIEDO, FL 32766

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: PAMELA WESTMORELAND

MGR

03/25/2011

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