

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000045287

FILED
Mar 30, 2011
Secretary of State

Entity Name: SAWGRASS ORTHODONTICS, LLC

Current Principal Place of Business:

101 N.W. 136TH STREET, BAY C-130 & C-140
SUNRISE, FL 33325

New Principal Place of Business:

175 NW 136TH AVE
SUNRISE, FL 33325

Current Mailing Address:

101 N.W. 136TH STREET, BAY C-130 & C-140
SUNRISE, FL 33325

New Mailing Address:

175 NW 136TH AVE
SUNRISE, FL 33325

FEI Number: 27-5473032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

REINGOWSKY, PENELOPE V
175 NW 136TH AVE
SUNRISE, FL 33325 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: PENELOPE REINGOWSKY

03/30/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: IGUALADA-HEINE, KRISTEN
Address: 710 NW 71ST AVE
City-St-Zip: PLANTATION, FL 33317

Title: MGR
Name: REINGOWSKY, PENELOPE V
Address: 2861 N 38TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

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: PENELOPE REINGOWSKY

MGR

03/30/2011

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