

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053792

**FILED**  
**May 09, 2011**  
**Secretary of State**

**Entity Name:** BABCOCK DENTAL CENTER LLC

**Current Principal Place of Business:**

2099 PALM BAY RD NE  
2  
PALM BAY, FL 32905-297 US

**New Principal Place of Business:**

2090 PALM BAY RD NE  
PALM BAY, FL 32905-297 US

**Current Mailing Address:**

2099 PALM BAY RD NE  
2  
PALM BAY, FL 32905-297 US

**New Mailing Address:**

2090 PALM BAY RD NE  
PALM BAY, FL 32905-297 US

**FEI Number:** 27-2715915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUADRI, SYED Z  
1455 TALON WAY  
MELBOURNE, FL 32934 US

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

QUADRI, SYED Z  
2090 PALM BAY ROAD, SUITE 2  
PALM BAY, FL 32905 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: SYED QUADRI

05/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: QUADRI, SYED Z  
Address: 1455 TALON WAY  
City-St-Zip: MELBOURNE, FL 32934 US

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: SYED QUADRI

MGR

05/09/2011

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