2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

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Entity Name: SMILE DESIGN DENTISTRY ST. PETE LLC

Current Principal Place of Business:

3863 CENTRAL AVENUE
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 274023
TAMPA, FL 33713

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SACHIN, PATEL
3105 W. WATERS AVE
SUITE 107
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WEST COAST DENTAL PARTNERS PL
Address: PO BOX 274023
City-St-Zip: TAMPA, FL 33688

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: SACHIN PATEL MGR 04/18/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date