

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000055705

FILED
Feb 28, 2012
Secretary of State

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: 27-2835025

FEI Number Applied For ()

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:

SACHIN, PATEL
450 KNIGHTS RUN AVE
2102
TAMPA, FL 33602 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:

02/28/2012

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 Statutes.

SIGNATURE: WEST COAST DENTAL PARTNERS PL

MGRM

02/28/2012

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