

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000056291

Entity Name: LEGACY DENTAL, LLC

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2100 PINEHURST DR  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PINEHURST DR  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 27-2677844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEALTH CURVE, LLC  
2100 PINEHURST DR  
WEST PALM BEACH, FL FL 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: HEALTH CURVE, LLC  
Address: 2100 PINEHURST DR  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGRM  
Name: FLORIDA DENTAL MANAGEMENT SERVICES, LLC  
Address: 960 ARTHUR GODFREY RD - # 214  
City-St-Zip: MIAMI BEACH, FL 33140 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: CHRISTER WITTUSEN

MGRM

02/28/2011

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