

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057105

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** PRAMUKH DENTAL PRACTICE P.L.L.C.

**Current Principal Place of Business:**

19007 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

19007 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 27-2760845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, VIJAY DDS  
19007 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647 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: MGR  
Name: PATEL, VIJAY  
Address: 12421 US HWY 301 SUITE 205  
City-St-Zip: DADE CITY, FL 33525

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: VIJAY PATEL DDS

MGR

02/17/2012

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