

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078333

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** SUNRISE DENTAL SERVICES PLLC

**Current Principal Place of Business:**

10175 COLLINS AVE  
# 1704  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10175 COLLINS AVE  
# 1704  
BAL HARBOUR, FL 33154

**New Mailing Address:**

**FEI Number:** 27-3153968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YH & S ACCOUNTING & FINANCIAL CONSULTANT  
2875 NE 191 ST  
STE 302  
AVENTURA, FL 33180 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:** ORPHANOS, NANCY D DDS  
**Address:** 10175 COLLINS AVE - # 1704  
**City-St-Zip:** BAL HARBOUR, FL 33154

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:** NANCY D ORPHANOS DDS

MGR

03/28/2012

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