

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087010

**Entity Name:** CITY HALL DENTAL PL

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1122 E SR 434  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

7932 W SAND LAKE RD  
STE 105  
ORLANDO, FL 32819

**Current Mailing Address:**

8619 MINDICH COURT  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 27-3328336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHRAGER, JOSEPH A DMD  
12329 S ORANGE BLOSSOM TRAIL  
ORLANDO, 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: MGR  
Name: SHRAGER, ALLA A DMD  
Address: 8619 MINDICH COURT  
City-St-Zip: ORLANDO, FL 32819

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: JOSEPH A SHRAGER

DR

04/12/2012

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