

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092557

**FILED  
Feb 17, 2011  
Secretary of State**

**Entity Name:** CARLSON DENTAL GROUP PROVIDERS, LLC.

**Current Principal Place of Business:**

13241 BARTAM PARK BLVD  
BLDG 1700  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

13241 BARTAM PARK BLVD  
BLDG 1700  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 27-3385367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BLVD  
STE 504  
JACKSONVILLE, FL 32216 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: DR.  
Name: CARLSON, RICHARD D  
Address: 13241 BARTRAM PARK BOULEVARD, BLDG 1700  
City-St-Zip: JACKSONVILLE, FL 32258

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: RICHARD DEAN CARLSON

DR

02/17/2011

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