

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000102399

FILED
Apr 11, 2012
Secretary of State

Entity Name: DENTAL SOLUTIONS OF WINTER HAVEN, P.L.C.

Current Principal Place of Business:

6390 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

6390 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 27-3600447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
SUITE 4
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: POLO MONTES, CARLOS A D.D.S.
Address: 6390 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGR
Name: CRUZ, JOSE G D.D.S.
Address: 6390 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33884 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: IVAN M LEFKOWITZ, ESQ

RA

04/11/2012

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