2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# L10000109939

Entity Name: ALLIANCE DISCOUNT DENTAL PLAN, LLC

Current Principal Place of Business:

10220 W SAMPLE RD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10220 W SAMPLE RD
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENIS, KELVIN E
10220 W SAMPLE RD
CORAL SPRINGS, FL 33065 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: MGRM
Name: DENIS, KELVIN E
Address: 10220 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM
Name: DENIS, TAMISHA M
Address: 10220 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

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 Statues.

SIGNATURE: KELVIN E. DENIS MGR 04/27/2011

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