2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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Entity Name: NORTHEAST ORTHODONTICS, PLLC

Current Principal Place of Business:

4305 4TH STREET, NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

4305 4TH STREET, NORTH
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 27-3764526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABDONEY, MICHAEL L D.D.S.
4014 WEST ESTRELLA STREET
TAMPA, FL 33629 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: SEYMOUR, JEFFREY
Address: 4305 4TH STREET N
City-St-Zip: ST. PETERSBURG, FL 33703

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: JEFFREY SEYMOUR DR. 04/21/2011

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