

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000111170

FILED
Jan 05, 2012
Secretary of State

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 Statutes.

SIGNATURE: JEFFREY SEYMOUR

DR.

01/05/2012

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