

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117470

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** JOHNSON HAGOOD ACADEMY OF ADVANCED DENTAL ARTS, LLC.

**Current Principal Place of Business:**

2155 PONCE DE LEON CIRCLE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

2155 PONCE DE LEON CIRCLE  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 27-3941821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE SOMMERFELD GROUP & ASSOCIATES, INC.  
2155 PONCE DE LEON CIRCLE  
VERO BEACH, FL 32960 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:** HAGOOD, JOHNSON  
**Address:** 2155 PONCE DE LEON CIRCLE  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** MGRM  
**Name:** SOMMERFELD, DAVID E  
**Address:** 2155 PONCE DE LEON CIRCLE  
**City-St-Zip:** VERO BEACH, FL 32960

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: DAVE

OWNE

04/20/2011

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