2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

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Entity Name: GULFSTREAM CHILDREN'S DENTISTRY LLC

Current Principal Place of Business:

7331 US 98 N
LAKELAND, FL 33809

New Principal Place of Business:

2633 BELLE RIVE DRIVE
LAKELAND, FL 33803 US

Current Mailing Address:

2633 BELLE RIVE DRIVE
LAKELAND, FL 33803

New Mailing Address:

2633 BELLE RIVE DRIVE
LAKELAND, FL 33803 US

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

Name and Address of Current Registered Agent:

TARVER, MICHAEL A
2633 BELLE RIVE DRIVE
LAKELAND, FL 33803 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: TARVER, REBECCA J
Address: 2633 BELLE RIVE DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: MGR
Name: TARVER, MICHAEL A
Address: 2633 BELLE RIVE DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: MGR
Name: TARVER, EDWARD J IV
Address: 2633 BELLE RIVE DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: MGR
Name: SAMMONS, TIA S
Address: 2633 BELLE RIVE DRIVE
City-St-Zip: LAKELAND, FL 33803 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 Statues.

SIGNATURE: MICHAEL A TARVER MGR 02/16/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date