

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122186

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** MURRIN DENTAL MANAGEMENT, LLC

**Current Principal Place of Business:**

10157 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

10157 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 27-4075452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

MURRIN, EILEEN M  
6550 S MARINA WAY  
STUART, FL 34996 US

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: EILEEN M. MURRIN

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MURRIN, EILEEN M  
Address: 6550 S MARINA WAY  
City-St-Zip: STUART, FL 34996 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 Statutes.

SIGNATURE: EILEEN M. MURRIN

MGRM

04/24/2012

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