

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126759

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** MARK A. KEDZIERSKI, DDS, PL

**Current Principal Place of Business:**

2990 BUSINESS CENTER BLVD.  
SUITE A  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

2990 BUSINESS CENTER BLVD.  
SUITE A  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 27-4511176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KEDZIERSKI, MARK A DDS  
2990 BUSINESS CENTER BLVD.  
SUITE A  
MELBOURNE, FL 32940 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:** KEDZIERSKI, MARK A DDS  
**Address:** 2990 BUSINESS CENTER BLVD., SUITE A  
**City-St-Zip:** MELBOURNE, FL 32940

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: MARK A. KEDZIERSKI, DDS

MGR

03/13/2012

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