

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127459

FILED
Mar 28, 2011
Secretary of State

Entity Name: AVENTURA PEDIATRIC DENTISTRY AND ORTHODONTICS, P.L.

Current Principal Place of Business:

2797 N.E. 207TH STREET
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

2797 N.E. 207TH STREET
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 27-5069271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARS, RICK D.D.S.
2797 N.E. 207TH STREET
NORTH MIAMI BEACH, FL 33180 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: GLICKSMAN, JOEL D.D.S.
Address: 2797 N.E. 207TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: MGR
Name: MARS, RICK
Address: 2797 N.E. 207TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33180

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: RICK MARS

MGR

03/28/2011

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