2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# L10000128984

Entity Name: MOORE DENTAL CARE, LLC

Current Principal Place of Business:

4845 TROYDALE ROAD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

4845 TROYDALE ROAD
TAMPA, FL 33615

New Mailing Address:

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

Name and Address of Current Registered Agent:

MOORE, BILLIE GENE
4845 TROYDALE ROAD
TAMPA, FL 33615 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: MOORE, BILLIE G
Address: 4845 TROYDALE RD.
City-St-Zip: TAMPA, FL 33615

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: BILLIE GENE MOORE MGR 01/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date