

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000030759

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** DENTAL ASSOCIATES OF FLORIDA MANAGEMENT SERVICES CO., LLC

**Current Principal Place of Business:**

3500 SOUTH FLORIDA AVE., STE. 2  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

3500 SOUTH FLORIDA AVE., STE. 2  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 45-1056887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTO, CURRAN K ESQ.  
9250 BAY PLAZA BOULEVARD  
SUITE 314  
TAMPA, FL 33619 US

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

PORTO, CURRAN K ESQ.  
410 SOUTH WARE BLVD  
SUITE 404  
TAMPA, FL 33619 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: CURRAN K PORTO

03/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PCFO  
Name: MUELLER, WILLIAM A  
Address: 3500 SOUTH FLORIDA AVE., STE. 2  
City-St-Zip: LAKELAND, FL 33803

Title: PCEO  
Name: CARTER, JOHN I  
Address: 3500 SOUTH FLORIDA AVE., STE. 2  
City-St-Zip: LAKELAND, FL 33803

Title: PCMO  
Name: WALDING, STEPHEN J  
Address: 3500 SOUTH FLORIDA AVE., STE. 2  
City-St-Zip: LAKELAND, FL 33803

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: WILLIAM A MUELLER

P

03/19/2012

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