

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000031083

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** DENTAL SOLUTIONS OF MIAMI, P.L.

**Current Principal Place of Business:**

7775 SW 87TH AVENUE  
SUITE 112  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7775 SW 87TH AVENUE  
SUITE 112  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 45-0670368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, WESLEY M  
80 SW 8TH STREET  
SUITE 3100  
MIAMI, FL 33130 US

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

ALVARO, MAYA  
7775 SW 87 AVE  
SUITE 112  
MIAMI, FL 33173 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: ALVARO MAYA

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAYA, ALVARO  
Address: 7775 SW 87TH AVENUE, SUITE 112  
City-St-Zip: MIAMI, FL 33173

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: ALVARO MAYA

MGR

05/01/2012

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