

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000051639

**Entity Name:** DR. JOHN W. STEPHAN DENTAL, LLC

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6670 SUPERIOR AVENUE  
SARASOTA, FLORIDA 34231,

**New Principal Place of Business:**

6670 SUPERIOR AVENUE  
SARASOTA, FL 34231

**Current Mailing Address:**

6670 SUPERIOR AVENUE  
SARASOTA, FLORIDA 34231,

**New Mailing Address:**

6670 SUPERIOR AVENUE  
SARASOTA, FL 34231

FEI Number: 38-3840345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VERDI, VICTOR M  
6670 SUPERIOR AVENUE  
SARASOTA, FL 34231 US

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

VERDI, VICTOR M  
312 E VENICE AVENUE  
203  
VENICE, FL 34285 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: VICTOR VERDI

03/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEPHAN, JOHN W  
Address: 6670 SUPERIOR AVENUE  
City-St-Zip: SARASOTA, FL 34231

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: JOHN W STEPHAN

MGRM

03/24/2012

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