

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000052165

FILED
Mar 30, 2012
Secretary of State

Entity Name: CSB COMPLETE DENTAL CARE, LLC

Current Principal Place of Business:

5180 WEST ATLANTIC AVE
POINTS WEST PLAZA STE 119
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5180 WEST ATLANTIC AVE
POINTS WEST PLAZA STE 119
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 45-1742702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDWIN, CHARLES S
5742 ASPEN RIDGE CIR
DELRAY BEACH, FL 33484 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: BALDWIN, CHARLES S
Address: 5742 ASPEN RIDGE CIR
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM
Name: BALDWIN, VERALYNN
Address: 5742 ASPEN RIDGE CIR
City-St-Zip: DELRAY BEACH, FL 33484

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: CHARLES S. BALDWIN

MGR

03/30/2012

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