

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000079465

Entity Name: MORGAN DENTAL LLC

FILED  
Mar 20, 2012  
Secretary of State

**Current Principal Place of Business:**

1700 COTTONWOOD CREEK PLACE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

1700 COTTONWOOD CREEK PLACE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

FEI Number: 45-2717052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, JOSEPH T  
1700 COTTONWOOD CREEK PLACE  
LAKE MARY, FL 32746 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: MGRM  
Name: MORGAN, JOSEPH T  
Address: 1700 COTTONWOOD CREEK PLACE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM  
Name: MORGAN, MICHAEL M  
Address: 1700 COTTONWOOD CREEK PLACE  
City-St-Zip: LAKE MARY, FL 32746 US

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: JOSEPH T MORGAN

MGRM

03/20/2012

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