

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000089219

Entity Name: P & T DENTAL, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2662 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 23812

**New Principal Place of Business:**

2662 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 33812

**Current Mailing Address:**

2662 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 23812

**New Mailing Address:**

2662 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 33812

FEI Number: 45-2906783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERRY, PATRICK  
2662 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 23812 US

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

FERRY, PATRICK  
2662 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 33812 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FERRY, PATRICK  
Address: 2662 HIGHLANDS VUE PARKWAY  
City-St-Zip: LAKELAND, FL 33812

Title: MGR  
Name: FERRY, TATIANA  
Address: 2662 HIGHLANDS VUE PARKWAY  
City-St-Zip: LAKELAND, FL 33812

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: PATRICK FERRY

MGR

04/27/2012

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