

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000097190

Entity Name: VERO DENTAL LLC

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3020 20 TH ST  
SUITE 1  
VERO BEACH, FL 32966

**New Principal Place of Business:**

3036 20 TH ST  
SUITE 1  
VERO BEACH, FL 32966

**Current Mailing Address:**

6855 1ST ST SW  
VERO BEACH, FL 32968

**New Mailing Address:**

FEI Number: 45-3641652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROOKS, HAROLD L JR  
6855 1ST ST SW  
VERO BEACH, FL 32968 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: BROOKS, HAROLD J DDS  
Address: 6855 1ST ST SW  
City-St-Zip: VERO BEACH, FL 32968

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: HAROLD BROOKS

CEO

02/10/2012

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