# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2012**
**Secretary of State**

DOCUMENT# L11000106445

**Entity Name:** BEST DENTAL MANAGEMENT, LLC

**Current Principal Place of Business:**

8740 N. KENDALL DRIVE
SUITE 220
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8740 N. KENDALL DRIVE
SUITE 220
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number: 45-3341596** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

CUSSE, JUAN
8740 N. KENDALL DRIVE
SUITE 220
MIAMI, FL 33176 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: CUSSE, RUBY M
Address: 8740 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: CUSSE, JUAN
Address: 8740 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

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 Statues.

SIGNATURE: RUBBY M CUSSE MBR 05/03/2012

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