

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110017

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ADC ADMINISTRATIVE SERVICES - SARASOTA, LLC

**Current Principal Place of Business:**

6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 45-3459703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICHOLS, DAVID P  
6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240 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: DENTAL CARE ALLIANCE, L.L.C.  
Address: 6240 LAKE OSPREY DRIVE  
City-St-Zip: SARASOTA, FL 34240

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: DAVID NICHOLS

CFO

04/19/2012

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