

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000113633

FILED
Jan 05, 2012
Secretary of State

Entity Name: FLORIDA SPECIAL NEEDS DENTISTRY LLC

Current Principal Place of Business:

4254 CONWAY PLACE CIRCLE
ORLANDO, FL 34711

New Principal Place of Business:

Current Mailing Address:

4254 CONWAY PLACE CIRCLE
ORLANDO, FL 34711

New Mailing Address:

FEI Number: 45-3542623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CHRISTOPHER T
4254 CONWAY PLACE CIRCLE
ORLANDO, FL 34711 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: JOHNSON, CHRISTOPHER T
Address: 4254 CONWAY PLACE CIRCLE
City-St-Zip: ORLANDO, FL 34711

Title: MGRM
Name: RICHARDSON, JOSEPH P
Address: 1215 N. SINCLAIR AVENUE
City-St-Zip: TAVRES, FL 32778

Title: MGRM
Name: BLAND, TEDDY R JR
Address: 1810 SIVAN POINT DRIVE
City-St-Zip: MOUNT DORA, FL 32757

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: CHRISTOPHER JOHNSON

PART

01/05/2012

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