

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000133236

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ES DENTISTRY, LLC.

**Current Principal Place of Business:**

8770 SUNSET DRIVE  
296  
MIAMI, FL 33173 US

**New Principal Place of Business:**

12001 SW 128 CT  
SUITE 103  
MIAMI, FL 33186 US

**Current Mailing Address:**

8770 SUNSET DRIVE  
#296  
MIAMI, FL 33173 US

**New Mailing Address:**

12001 SW 128 CT  
SUITE 103  
MIAMI, FL 33186 US

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

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

CASIANO, SERGIO R ESQ.  
5835 BLUE LAGOON DRIVE  
400  
MIAMI, FL 33126 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: RODRIGUEZ, EDUARDO J DDS  
Address: 12001 SW 128 CT SUITE 103  
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM  
Name: SCHMEISER, SHARON T DDS  
Address: 12001 SW 128 CT SUITE 103  
City-St-Zip: MIAMI, FL 33186

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: EDUARDO J RODRIGUEZ                      MGRM                      04/30/2012

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