

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000142928

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** DIGITAL DENTISTRY SERVICES, LLC

**Current Principal Place of Business:**

9269 SABAL PALM CIRCLE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

2009 S. ORANGE AVENUE  
ORLANDO, FL 32806

**Current Mailing Address:**

9269 SABAL PALM CIRCLE  
WINDERMERE, FL 34786

**New Mailing Address:**

2009 S. ORANGE AVENUE  
ORLANDO, FL 32806

FEI Number: 45-4530974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AWAD, TONY J  
9269 SABAL PALM CIRCLE  
WINDERMERE, FL FL 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: AWAD, TONY J  
Address: 9269 SABAL PALM CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

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: TONY AWAD

PRES

04/13/2012

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