

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001260

Entity Name: JOANNE C. GREEN, D.D.S., P.L.

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10887 N. MILITARY TRAIL, SUITE 6  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

10887 N. MILITARY TRAIL, SUITE 6  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0908087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREEN, JOANNE C  
10887 NORTH MILITARY TRAIL, SUITE 6  
PALM BEACH GARDENS, FL 33410 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: GREEN, JOANNE C  
Address: 10887 N. MILITARY TRAIL, SUITE 6  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JOANNE C. GREEN

DR.

02/28/2012

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