

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002597

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** NORTH AMERICAN DENTAL PROSTHETICS, LLC

**Current Principal Place of Business:**

3900 NW 79TH AVE  
SUITE 312  
MIAMI, FL 33166

**New Principal Place of Business:**

123 NW 106TH AVE  
PLANTATION, FL 33324

**Current Mailing Address:**

3900 NW 79TH AVE  
SUITE 312  
MIAMI, FL 33166

**New Mailing Address:**

123 NW 106TH AVE  
PLANTATION, FL 33324

**FEI Number:** 65-1135029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: MR.  
Name: DOMINGUEZ, ALEJANDRO E  
Address: 123 NW 106TH AVE  
City-St-Zip: PLANTATION, FL 33324

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: ALEX DOMINGUEZ

MR.

04/12/2011

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