# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# M04000001030

**Entity Name:** ORAL FACIAL CONSULTING-I, LLC

**Current Principal Place of Business:**

436 HOLIDAY DR.
HALLANDALE, FL 33009

**New Principal Place of Business:**

436 HOLIDAY DR.
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

436 HOLIDAY DR.
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number: 04-3729113** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PAYTON, KEVIN L DDS
436 HOLIDAY DR.
HALLANDALE, FL 33009 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 ( ) Delete
Name: CENTERVILLE CONSULTING SERVICES, INC.
Address: 50 SADDLE RIDGE ROAD
City-St-Zip: MILTON, MA 02186

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES W DRESE MGMR 04/15/2009

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