

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001189

FILED
Apr 14, 2009
Secretary of State

Entity Name: ALL ABOUT SMILES FAMILY DENTISTRY, LLC

Current Principal Place of Business:

13 ST. JOHNS MEDICAL PARK DRIVE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

13 ST. JOHNS MEDICAL PARK DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-5602042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMECEK, WALTER JR.
751 VAILL POINT ROAD
ST. AUGUSTINE, FL 32086 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 () Delete
Name: NEMECEK, MARCIA
Address: 13 ST. JOHNS MEDICAL PARK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: NEMECEK, WALTER J JR
Address: 13 ST. JOHNS MEDICAL PARK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: WALTER J NEMECEK JR

MGR

04/14/2009

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