

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003697

Entity Name: DENTALFIX RX, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4380 OAKES ROAD  
SUITE 814  
DAVIE, FL 33314

**New Principal Place of Business:**

4380 OAKES ROAD  
SUITE 800  
DAVIE, FL 33314

**Current Mailing Address:**

4380 OAKES ROAD  
SUITE 814  
DAVIE, FL 33314

**New Mailing Address:**

4380 OAKES ROAD  
SUITE 800  
DAVIE, FL 33314

FEI Number: 27-0509167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANSELL, SHERRI  
4380 OAKES ROAD  
SUITE 814  
DAVIE, FL 33314 US

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

ROBERT, EINHORN  
100 SE 2ND STREET  
SUITE 2700  
MIAMI, FL 33131 US

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: ROBERT EINHORN

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOPEZ, DAVID  
Address: 4380 OAKES ROAD #800  
City-St-Zip: DAVIE, FL 33314

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: DAVID LOPEZ

MGRM

04/19/2012

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