

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004354

**FILED**  
**Jun 24, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN DENTAL PARTNERS OF FLORIDA, LLC

**Current Principal Place of Business:**

401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

**New Principal Place of Business:**

**Current Mailing Address:**

401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: AMERICAN DENTAL PARTNERS, INC.  
Address: 401 EDGEWATER PLACE, SUITE 430  
City-St-Zip: WAKEFIELD, MA 01880

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: MANDY HENDRICKS

POA

06/24/2010

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