

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 10, 2008 08

Secretary of State

DOCUMENT # M99000001281

1. Entity Name
AMERICAN DENTAL CENTERS, LTD., L.L.C.



Principal Place of Business

**2834 KIMBERLY LANE
TAMPA, FL 33618 US**

Mailing Address

**511 AVENUE OF THE AMERICAS
% IPS, PMB 572, BOX 239
NEW YORK, NY 10011**



02192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0143312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COURTNEY, ROBERT W
2834 KIMBERLY LANE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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000000854221
03/26/08-80098-021 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-19-08

Date

212 524 3160

Daytime Phone #