

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 14, 2011
Secretary of State

Entity Name: REMEDIOS SANTOS, D.M.D., P.L

Current Principal Place of Business:

1800 RIVER BLUFF RD. N.
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

1800 RIVER BLUFF RD. N.
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 80-0146438 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A-100
TAMPA, FL 33612 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: BODIN, REMEDIOS S
Address: 1800 RIVER BLUFF RD. N.
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MS
Name: BODIN, REMEDIOS
Address: 1800 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211 UN

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: REMEDIOS BODIN MGRM 04/14/2011

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