

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066235

Entity Name: ORTEGA PROFESSIONAL ORTHODONTICS, LLC

Current Principal Place of Business:

14650 ISLAND DRIVE
JACKSONVILLE, FL 32250

Current Mailing Address:

14650 ISLAND DRIVE
JACKSONVILLE, FL 32250

FEI Number: 26-0367609

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
C/O DONAHOO, BALL & MCMENAMY, P.A.
245 RIVERSIDE AVENUE SUITE 450
JACKSONVILLE, FL 32202 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SCHELLHASE, DANIEL J
Address 14650 ISLAND DRIVE
City-State-Zip: JACKSONVILLE FL 32250

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL J SCHELLHASE

MANAGER

02/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date