

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075511

Entity Name: OXFORD DENTAL CARE LLC

Current Principal Place of Business:

11905 US HWY 301 N.
THE VILLAGES, FL 34484

Current Mailing Address:

1321 APOPKA AIRPORT RD
UNIT G
APOPKA, FL 32712 US

FEI Number: 26-3133763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C.F.JOHARY DMD,PA
1321 APOPKA AIRPORT RD UNIT G
APOPKA, FL 32712 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 MGR
Name JOHARY, C FDMD,PA
Address 1
City-State-Zip: APOPKA FL 32712

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: C.F. JOHARY

MGR

01/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date