

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000877

**FILED**  
**Mar 05, 2007**  
**Secretary of State**

**Entity Name:** AMERICAN DENTAL CARE PARTNERS, LTD

**Current Principal Place of Business:**

11211 KATY FREEWAY  
HOUSTON, TX 77079

**New Principal Place of Business:**

11211 KATY FREEWAY  
100  
HOUSTON, TX 77079

**Current Mailing Address:**

11211 KATY FREEWAY  
HOUSTON, TX 77079

**New Mailing Address:**

11211 KATY FREEWAY  
100  
HOUSTON, TX 77079

FEI Number: 20-1949000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSILLO, FRANK  
8600 NW 53 TERRACE STE 201  
MIAMI, FL 33166 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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MAZZINI, MICHAEL  
Address: 11221 KATY FREEWAY  
City-St-Zip: HOUSTON, TX 77079

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MICHAEL MAZZINI

PRES

03/05/2007

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date