

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-22-2004 90421 029 ****50.00

DOCUMENT # L03000006794 1. Entity Name HIALEAH DENTAL SPECIALTY ASSOCIATES, P.L.																																																																																																																																																											
Principal Place of Business 900 WEST 49TH STREET, SUITE 400 HIALEAH, FL 33012			Mailing Address 900 WEST 49TH STREET, SUITE 400 HIALEAH, FL 33012																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
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Country		Country		4. FEI Number 30-0141387																																																																																																																																																							
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent KLEIN, BRENT D 801 BRICKELL AVENUE, SUITE 1901 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																							
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CUSHING, DR. ROBERT B</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>102 ABBIE COURT</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>SWEALLS POINT, FL 34996</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ERRO, DR. JUAN C</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11201 SW 60TH COURT</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SOOTIN, DR. JOHN V</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3801 NE 207TH STREET, APT. 2304</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA, FL 33180</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CUSHING, DR. ROBERT B		STREET ADDRESS			CITY-ST-ZIP	102 ABBIE COURT		CITY-ST-ZIP				SWEALLS POINT, FL 34996					TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	ERRO, DR. JUAN C		NAME			STREET ADDRESS	11201 SW 60TH COURT		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	SOOTIN, DR. JOHN V		NAME			STREET ADDRESS	3801 NE 207TH STREET, APT. 2304		STREET ADDRESS			CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Date 3-11-04 Daytime Phone #																																																																																																																																																											