2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90026 036 ****50.00

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1. Entity Name
HIALEAH DENTAL SPECIALTY ASSOCIATES, P.L.

Principal Place of Business	Mailing Address
900 WEST 49TH STREET, SUITE 400 HIALEAH, FL 33012	900 WEST 49TH STREET, SUITE 400 HIALEAH, FL 33012

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01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0141387
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CUSHING, DR. ROBERT B
STREET ADDRESS	102 ABBIE COURT
CITY-ST-ZIP	SWEALLS POINT, FL 34996
TITLE	MGRM
NAME	ERRO, DR. JUAN C
STREET ADDRESS	11201 SW 60TH COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	SOOTIN, DR. JOHN V
STREET ADDRESS	3801 NE 207TH STREET, APT. 2304
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 1-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #