2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L03000006794

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

Current Principal Place of Business:

900 WEST 49TH STREET, SUITE 400
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

900 WEST 49TH STREET, SUITE 400
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 30-0141387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, BRENT D
801 BRICKELL AVENUE, SUITE 1901
MIAMI, FL 33131 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CUSHING, DR. ROBERT B
Address: 102 ABBIE COURT
City-St-Zip: SWEALLS POINT, FL 34996

Title: MGRM ( ) Delete
Name: ERRO, DR. JUAN C
Address: 11201 SW 60TH COURT
City-St-Zip: MIAMI, FL

Title: MGRM ( ) Delete
Name: SOOTIN, DR. JOHN V
Address: 3801 NE 207TH STREET, APT. 2304
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 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: DR. ROBERT B. CUSHING MGRM 04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date