2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123050

Entity Name: PALM BEACH PROSTHODONTICS, LLC

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2521 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407				1401 FORUM WAY SUITE 800 WEST PALM BEACH, FL 33407			
Current Mailing Address:				New Mailing Address:			
2521 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407				1401 FORUM WAY SUITE 800 WEST PALM BEACH, FL 33407			
FEI Number: 59-18	57489	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()		Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LIOCE, DOMEN 1645 PALM BEA WEST PALM BE	ACH LAK	ES BLVD. SUITE 1200 - 33401 US					
The above name in the State of F		submits this statement for the բ	purpose o	of changing i	ts register	ed office or registered agent, or both	
SIGNATURE:							
Electronic Signature of Registered Agent				Date			
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	1401 FOR	() Change (X) Addition WARD D DR BUM WAY SUITE 800 LM BEACH, FL 33401	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	1401 FOR	() Change (X) Addition BERNARD E DR. BUM WAY SUITE 800 LM BEACH, FL 33401	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	1401 FOR	() Change (X) Addition RINA, MIGUEL J DR IUM WAY SUITE 800 LM BEACH, FL 33401	

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.

Title:

Name:

Address:

City-St-Zip:

DR.

() Change (X) Addition

SALCEDO, JAIRO DMD, MMS

1401 FORUM WAY SUITE 800 WEST PALM BEACH, FL 33401

SIGNATURE: HOWARD B. KAY DR. 04/03/2008