

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080945

FILED  
Feb 16, 2008  
Secretary of State

Entity Name: DENTAL CAREERS INSTITUTE OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

7000 W. CAMINO REAL  
SUITE 130  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

9101 LAKERIDGE BLVD. STE. 22 PMB1026  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 26-0671985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
4001 WEST HENRY AVENUE  
SUITE 306  
TAMPA, FL 33614 US

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

FEIT, STEVEN H  
9101 LAKERIDGE BLVD. STE. 22 PMB1026  
BOCA RATON, FL 33496

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: STEVEN H FEIT

02/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FEIT, STEVEN H  
Address: 7000 W. CAMINO REAL SUITE 130  
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FEIT, STEVEN H  
Address: 9101 LAKERIDGE BLVD. STE. 22 PMB1026  
City-St-Zip: BOCA RATON, FL 33496

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: STEVEN H FEIT

RA

02/16/2008

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