

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001803

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: DECARE DENTAL NETWORKS, LLC

**Current Principal Place of Business:**

3560 DELTA DENTAL DRIVE  
EAGAN, MN 511223166

**New Principal Place of Business:**

**Current Mailing Address:**

3560 DELTA DENTAL DRIVE  
EAGAN, MN 511223166

**New Mailing Address:**

FEI Number: 73-1665525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: WALSH, MICHAEL  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166

Title: MGR ( ) Delete  
Name: MORSE, DAVID B  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166

Title: MGR ( ) Delete  
Name: MCMORRAN, NANCY L  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166

Title: MGR ( ) Delete  
Name: FJELSTAD, DANI V  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WALSH, MICHAEL  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166 US

Title: MGR (X) Change ( ) Addition  
Name: MORSE, DAVID B  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166 US

Title: MGR (X) Change ( ) Addition  
Name: MCMORRAN, NANCY L  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166 US

Title: MGR (X) Change ( ) Addition  
Name: FJELSTAD, DANI V  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 511223166 US

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: DAVID B MORSE

MGR

01/22/2009

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