

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001803

FILED
Apr 27, 2011
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
Name: WALSH, MICHAEL
Address: 3560 DELTA DENTAL DRIVE
City-St-Zip: EAGAN, MN 511223166 US

Title: MGR
Name: KELAGHAN, CATHERINE I
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: MGR
Name: DEVEYDT, WAYNE S
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: MGR
Name: KIEFER, KATHLEEN S
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

I hereby 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: KATHLEEN S. KIEFER

S

04/27/2011

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