


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000001941

1. Entity Name  
 DECARE DENTAL HEALTH INTERNATIONAL, LLC



Principal Place of Business 3560 DELTA DENTAL DRIVE EAGAN, MN 55122-3166	Mailing Address 3560 DELTA DENTAL DRIVE EAGAN, MN 55122-3166
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0574609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	NGR WALSH, MICHAEL F 3560 DELTA DENTAL DRIVE EAGAN, MN 551223166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NGR MORSE, DAVID B 3560 DELTA DENTAL DRIVE EAGAN, MN 551223166
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 08/16/04-80002-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: D. B. Morse Date: 8/3/04 Daytime Phone #: 651-406-5900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE