


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001941
1. Entity Name
DECARE DENTAL HEALTH INTERNATIONAL, LLC



Principal Place of Business Mailing Address
3560 DELTA DENTAL DRIVE 3560 DELTA DENTAL DRIVE
EAGAN, MN 55122-3166 EAGAN, MN 55122-3166

DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0574609	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

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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04/25/05-80042-009 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/7/05 651-406-5987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #