


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90022 009 \*\*\*\*50.00

**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

**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
02-0574609

Applied For
Not Applicable

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

**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 re-stating)

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	NGR
NAME	WALSH, MICHAEL F
STREET ADDRESS	3560 DELTA DENTAL DRIVE
CITY - ST - ZIP	EAGAN, MN 551223166
TITLE	NGR
NAME	MORSE, DAVID B
STREET ADDRESS	3560 DELTA DENTAL DRIVE
CITY - ST - ZIP	EAGAN, MN 551223166
TITLE	<i>Dani V. Fjelstad, Mgr.</i>
NAME	<i>3560 Delta Dental Drive</i>
STREET ADDRESS	<i>Eagan, MN 551223166</i>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *2/27/06* Daytime Phone #: *651-406-5987*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE