

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001941

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** DECARE DENTAL HEALTH INTERNATIONAL, LLC

**Current Principal Place of Business:**

3560 DELTA DENTAL DRIVE  
EAGAN, MN 551223166

**New Principal Place of Business:**

**Current Mailing Address:**

3560 DELTA DENTAL DRIVE  
EAGAN, MN 551223166

**New Mailing Address:**

FEI Number: 02-0574609

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 F  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 551223166

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

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

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

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: CATHERINE I. KELAGHAN

MGR

04/19/2012

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