

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006168

Entity Name: DECARE DENTAL, LLC

FILED  
Jan 04, 2008  
Secretary of State

**Current Principal Place of Business:**

3560 DELTA DENTAL DRIVE  
EAGAN, MN 55122

**New Principal Place of Business:**

**Current Mailing Address:**

3560 DELTA DENTAL DRIVE  
EAGAN, MN 55122

**New Mailing Address:**

FEI Number: 01-0822645

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 ( ) Delete  
Name: SOMRACK, JOHN  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 55122

Title: MGR ( ) Delete  
Name: OPPERMAN, VANCE K  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 55122

Title: MGR ( ) Delete  
Name: FJELSTAD, DANI V  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 55122

Title: MGR ( ) Delete  
Name: WALSH, MICHAEL F  
Address: 3560 DELTA DENTAL DRIVE  
City-St-Zip: EAGAN, MN 55122

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DANI FJELSTAD

MGR

01/04/2008

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