

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006168

FILED
Apr 28, 2010
Secretary of State

Entity Name: DECARE DENTAL, LLC

Current Principal Place of Business:

3560 DELTA DENTAL DRIVE
EAGAN, MN 551223166 US

New Principal Place of Business:

Current Mailing Address:

3560 DELTA DENTAL DRIVE
EAGAN, MN 551223166 US

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

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

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

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

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: KATHLEEN S. KIEFER

MGR.

04/28/2010

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