2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

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Entity Name: INSTITUTIONAL DENTAL SERVICES OF SOUTHWEST FLORIDA, PL

Current Principal Place of Business:

28 CATALPA COURT
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

28 CATALPA COURT
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0992850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, JAMES P ESQ
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: MGRM ( ) Delete
Name: GRUMBACH, PAUL G D.D.S.
Address: 28 CATALPA COURT
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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: PAUL G. GRUMBACH, DDS MGRM 04/26/2007

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