2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# L00000006907

Entity Name: DR. ISRAEL NEGRON, DMD, LLC

Current Principal Place of Business:

1009 AMBER RD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1009 AMBER RD
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-3651441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRTHAVALDES, MARTIN, CPA
1321 ARBOR VISTA LOOP
#125
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

MIRTHA VALDES MARTIN, CPA
420 SOUTH COUNTRY CLUB ROAD
LAKE MARY, FL 32746 US

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: MIRTHA VALDES MARTIN, CPA 02/23/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: DR. ISRAEL NEGRON-RE, YES
Address: 5801 DAHLIA DR.
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DR. ISRAEL NEGRON-RE, YES
Address: 5801 DAHLIA DR.
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. ISRAEL NEGRON-REYES MGR 02/23/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date