## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L00000010632



**FILED** Feb 03, 2006 8:00 am Secretary of State 02-03-2006 90084 041 \*\*\*\*50.00

NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	1. Entity Nam STUART	DENTAL CARE LLC								
Suite, Apt. #, etc.	227 SE OCEAN BLVD.		227 SE OCEAN BLVD.	227 SE OCEAN BLVD.		20004980				
City & State  Country  City & State  City	2. Principal F	Place of Business	3. Mailing Address							
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional recognition   \$5.00 Additional   \$5.00 Additional	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01252006	Chg-LLC	CR2E	083 (11/05)	
S. Cerriceae of Status Desireo   Fee Required   F	City & State		City & State	City & State				<del></del>		
Name	Zip			Count	ry	<u> </u>			Fee Require	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Change Addition  City FL Zip Code		6. Name and Address of Curre	ent Registered Agent		Name	7. Name an	d Address of New R	egistered	Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Tamiliar with, and accept the obligations of registered agent and shift applicable.    Signature   Properties   Pr	227 SE O	CEAN BLVD.				(P.O. Box Numb	per is Not Acceptable	9)		
THE COLUMN SIGNATURE    Signature   Signat				•	City			FL	Zip Cod	e
No.	8. The above the obligat	named entity submits this statemer tions of registered agent.	nt for the purpose of changing its	s registere	d office or registe	red agent, or be	oth, in the State of Flo	orida. I am	familiar with,	and accept
Filing Fee Is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  ITILE MAME SORIL, MICHAEL A SITRET ADDRESS CITY-ST-2IP  ITILE NAME SITRET ADDRESS CITY-ST-2IP  ITILE NA	SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NC	TF: Registered	Agent signature require	d when reinstating)		DATE		<del></del>
TITLE NAME SOHL, MICHAELA   Delete NAME SOHL, MICHAELA   SOHL, MICHAELA   SOHL, MICHAELA   SOHL, MICHAELA   SOHL, MICHAELA   STIRET ADDRESS	Filing Fee Is \$50.00			<u> </u>		•	Mak	e check p		- B
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS /	CHANGES	3	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SOHL, MICHAEL A 227 SE OCEAN BLVD.	☐ Delete	name Stree	T ADDRESS					Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS	•			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS	194			☐ Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP	NAME STREET ADDRESS		☐ Defete	NAME Stree	T ADDRESS			<del></del>	☐ Change	Addition
	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied		NAME STREE CITY-	T ADDRESS ST-ZIP	in Charter 110	Florida Control			Addition

limited liability company or the receiver or trustee employeered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE /// COMPONENT PHIL PRINTED OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MICHAEL SONL DOS

1.30.06 Date

772 287 3010

Daytime Phone #