

FILED  
Mar 12, 2008 8:00 am  
Secretary of State

02-04-2008 90138 025 \*\*\*138.75

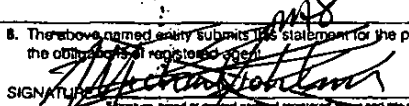
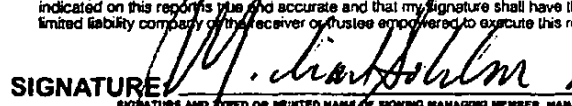
2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

2/6

30001952



01292008 Chg-LLC CR2E083 (12/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                                                                                            |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>DOCUMENT # L00000010632</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                           |                   |
| 1. Entity Name<br>STUART DENTAL CARE LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                            |                   |
| Principal Place of Business<br>227 SE OCEAN BLVD.<br>STUART, FL 34994                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | Mailing Address<br>227 SE OCEAN BLVD.<br>STUART, FL 34994                                                                                                  |                   |
| 2. Principal Place of Business - No P.O. Box #<br>201 E OSCEOLA STREET<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | 3. Mailing Address<br>201 E OSCEOLA STREET<br>Suite, Apt. #, etc.                                                                                          |                   |
| City & State<br>STUART, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | City & State<br>STUART, FL                                                                                                                                 |                   |
| Zip<br>34994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country<br>MARTIN | Zip<br>34994                                                                                                                                               | Country<br>MARTIN |
| 4. FEI Number<br>65-1030302                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | Applied For<br>Not Applicable                                                                                                                              |                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | \$5.00 Additional Fee Required                                                                                                                             |                   |
| 6. Name and Address of Current Registered Agent<br>SOHL, MICHAEL A DDS<br>227 SE OCEAN BLVD.<br>STUART, FL 34994                                                                                                                                                                                                                                                                                                                                                                                                               |                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>201 E OSCEOLA STREET<br>City SAME FL Zip Code |                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                            |                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | DATE                                                                                                                                                       |                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | Make check payable to<br>Florida Department of State                                                                                                       |                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | 10. ADDITIONS/CHANGES                                                                                                                                      |                   |
| TITLE MEM OWNER / single member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                   |
| NAME SOHL, MICHAEL A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | NAME STREET ADDRESS 201 E OSCEOLA STREET                                                                                                                   |                   |
| STREET ADDRESS 227 SE OCEAN BLVD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | CITY - ST - ZIP STUART, FL 34994                                                                                                                           |                   |
| CITY - ST - ZIP STUART, FL 34994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                                                                                                                            |                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | NAME                                                                                                                                                       |                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | STREET ADDRESS                                                                                                                                             |                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | CITY - ST - ZIP                                                                                                                                            |                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | NAME                                                                                                                                                       |                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | STREET ADDRESS                                                                                                                                             |                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | CITY - ST - ZIP                                                                                                                                            |                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | NAME                                                                                                                                                       |                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | STREET ADDRESS                                                                                                                                             |                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | CITY - ST - ZIP                                                                                                                                            |                   |
| TITLE <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | NAME                                                                                                                                                       |                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | STREET ADDRESS                                                                                                                                             |                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | CITY - ST - ZIP                                                                                                                                            |                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. OWNER / single member |                   |                                                                                                                                                            |                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | Date 1-31-08 1722873010                                                                                                                                    |                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | Date Daytime Phone #                                                                                                                                       |                   |



ATTACHMENT

30001952

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2008

STUART DENTAL CARE LLC  
201 E OSCEOLA STREET  
STUART, FL 34994

Subject: **STUART DENTAL CARE LLC**

Reference Number: **L00000010632**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/SH  
ANNUAL REPORTS SECTION

*MICHAEL A. SOHL DSS is  
the owner / single member  
of the Stuart Dental Care LLC  
M. Michael Sohl 3-7-08*