FILED
Mar 12, 2008 8:00 am
Secretary of State
02-04-2008 90138 025 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010632

1. Entity Name
STUART DENTAL CARE LLC

30001952

Principal Place of Business	Mailing Address
227 SE OCEAN BLVD. STUART, FL 34994	227 SE OCEAN BLVD. STUART, FL 34994

01292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
201 E OSCEOLA STREET	201 E. OSCEOLA STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: STUART, FL
Zip: 34994 Country: MARTIN	Zip: 34994 Country: MARTIN

4. FEI Number: 65-1030302 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOHL, MICHAEL A DDS
227 SE OCEAN BLVD.
STUART, FL 34994

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 201 E OSCEOLA STREET
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: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM owner/single member ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SOHL, MICHAEL A	NAME	
STREET ADDRESS	227 SE OCEAN BLVD.	STREET ADDRESS	201 E OSCEOLA STREET
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	STUART, FL 34994
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: [signature] Michael Sohl DDS 1-31-08 7722873010
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 DDS is the owner/single member of the Stuart Dental Care LLC
M. Michael Sohl 3-7-08