


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000021095</b> 1. Entity Name AVENTURA DENTAL SPECIALTIES, LLC	
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Principal Place of Business 19086 NE 29TH AVENUE AVENTURA, FL 33180-2805	Mailing Address 19086 NE 29TH AVENUE AVENTURA, FL 33180-2805
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**DO NOT WRITE IN THIS SPACE**



03312005No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0012141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent  BERGMAN, A.C. 7451 W OAKLAND PARK BLVD LAUDERHILL, FL 33319	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIEZ, FEDERICO DDS 19086 NE 29TH AVENUE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARROYO, JUAN CARLOS DMD 19086 NE 29TH AVENUE AVENTURA, FL 331802805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PASTRANA, MIGUEL A MD 19086 NE 29TH AVENUE AVENTURA, FL 331802805
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04/18/05-80172-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Federico Diez DDS 4/14/05 305-725-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Duty Daytime Phone # \_\_\_\_\_