2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# L01000021095

Entity Name: AVENTURA DENTAL SPECIALTIES, LLC

Current Principal Place of Business:

19086 NE 29TH AVENUE
AVENTURA, FL 331802805

New Principal Place of Business:

Current Mailing Address:

19086 NE 29TH AVENUE
AVENTURA, FL 331802805

New Mailing Address:

18781 SW 39TH CT
MIRAMAR, FL 330292722 US

FEI Number: 30-0012141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BERGMAN, A.C.
7451 W OAKLAND PARK BLVD
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DIEZ, FEDERICO DDS
Address: 19086 NE 29TH AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete
Name: ARROYO, JUAN CARLOS DMD
Address: 19086 NE 29TH AVENUE
City-St-Zip: AVENTURA, FL 331802805

Title: MGRM ( ) Delete
Name: PASTRANA, MIGUEL A MD
Address: 19086 NE 29TH AVENUE
City-St-Zip: AVENTURA, FL 331802805

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DIEZ, FEDERICO DDS
Address: 18781 SW 39TH CT
City-St-Zip: MIRAMAR, FL 330292722 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FEDERICO DIEZ DDS MNGR 05/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date