2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L01000022563

Entity Name: CLEARWATER DENTAL ASSOCIATES, PL

Current Principal Place of Business:

2226 DRUID ROAD EAST
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2226 DRUID ROAD EAST
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-2981551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, NOLAN W
2226 DRUID ROAD EAST
CLEARWATER, FL 33764 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: ALLEN, NOLAN W
Address: 9159 JAKES PATH
City-St-Zip: LARGO, FL 33771

Title: MGRM ( ) Delete
Name: BURTON, MATTHEW R
Address: 2225 VANDERBILT DR
City-St-Zip: CLEARWATER, FL 33765

Title: MGRM ( ) Delete
Name: HAYSLETT, JAMES R
Address: 1431 MAPLE FOREST ROAD
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

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

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 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: NOLAN W. ALLEN MGRM 04/14/2009

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