2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# L02000006325

Entity Name: PERFECT SMILE DENTISTRY, L.L.C.

Current Principal Place of Business:

123OO S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

123OO S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 04-3626811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BATES, BARBARA
123OO S. SHORE BLVD., STE. 208
MIZNER PLACE
WELLINGTON, FL 33414 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: BATES, BARBARA
Address: 123OO S. SHORE BLVD., STE. 208
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: AKEL, RASME
Address: 12300 S SHORE BLVD STE 208
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: AKEL, RASMI
Address: 12300 S SHORE BLVD STE 208
City-St-Zip: WELLINGTON, FL 33414

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: RASMI AKEL MGRM 01/31/2006

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