

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017196

FILED
Apr 29, 2005
Secretary of State

Entity Name: EXPRESS DENTAL CARE, LLC

Current Principal Place of Business:

1211 WESTSHORE BLVD.
STE 501
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1211 WESTSHORE BLVD.
STE 501
TAMPA, FL 33607

New Mailing Address:

FEI Number: 30-0095279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, CODY W
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 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/MEMBERS:

Title: MGRM () Delete
Name: WRIDDEN, STACEY L
Address: 3921 W SAN LUIS ST
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Delete
Name: FLOYD, CHRISTOPHER M
Address: 1211 WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHIDDEN, STACEY L
Address: 1211 WESTSHORE BLVD #501
City-St-Zip: TAMPA, FL 33607

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 Section 119.07(3)(i), 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: STACEY L WHIDDEN

MS

04/29/2005

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