FILED
Aug 29, 2003 8:00 am
Secretary of State

07-16-2003 90028 048 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017196

1. Entity Name
EXPRESS DENTAL CARE, LLC

55055282

[redacted]

[redacted]

Principal Place of Business	Mailing Address
1950 LEE ROAD, SUITE 224 WINTER PARK FL 32789	1950 LEE ROAD, SUITE 224 WINTER PARK FL 32789

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1211 N Westshore Blvd	1211 N Westshore Blvd
Suite, Apt. #, etc.: Suite 501	Suite, Apt. #, etc.: Suite 501
City & State: Tampa FL	City & State: Tampa FL
Zip: 33607 Country: U.S.A.	Zip: 33607 Country: U.S.A.

4. FEI Number: 30-0095279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W
~~501 EAST KENNEDY BLVD., SUITE 1700~~
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] CHRISTOPHER M. FLOYD OPERATIONS MANAGER 7/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FORMERLY MGRM Unidden, Stacey L 3921 W San Luis St Tampa FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPERATIONS MANAGER CHRISTOPHER M. FLOYD 1211 N WESTSHORE BLVD STE 501 TAMPA FL 33607 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/03)

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: [signature] CHRISTOPHER M FLOYD 7/11/03 888-535-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #