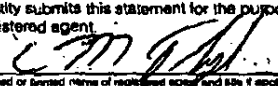


FILED
Aug 29, 2003 8:00 am
Secretary of State

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

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017196		
1. Entity Name EXPRESS DENTAL CARE, LLC		
Principal Place of Business 1850 LEE ROAD, SUITE 224 WINTER PARK FL 32789		Mailing Address 1850 LEE ROAD, SUITE 224 WINTER PARK FL 32789
2. Principal Place of Business 1211 N Westshore Blvd Suite, Apt. #, etc. Suite 501 City & State Tampa FL Zip 33607 Country U.S.A.	3. Mailing Address 1211 N Westshore Blvd Suite, Apt. #, etc. Suite 501 City & State Tampa FL 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. CHECK HERE IF MAKING CHANGES
8. Name and Address of Current Registered Agent WATERS, CODY W 501 EAST KENNEDY BLVD, SUITE 4700 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
9. 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  CHRISTOPHER M. FLOYD OPERATIONS MANAGER DATE 7/11/03 Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning.)		
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 FOUNDER/MBRM Whidden, Stacey L 3921 W San Luis St Tampa, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP FOUNDER/MBRM	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP OPERATIONS MANAGER CHRISTOPHER M. FLOYD 1211 N WESTSHORE BLVD STE 501 TAMPA FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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:  CHRISTOPHER M. FLOYD DATE 7/11/03 DAYPHONE 888-335-0577 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		