

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028116

**FILED
Apr 30, 2004
Secretary of State**

Entity Name: ALLIANCE DENTAL CONSULTING, L.L.C.

Current Principal Place of Business:

ONE SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

ONE SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 02-0649274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, DAVID P
ONE SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237 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: DAVID, NICHOLS P MGR
Address: 1 SOUTH SCHOOL AVENUE, #1000
City-St-Zip: SARASOTA, FL 34237 US

ADDITIONS/CHANGES:

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 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: DAVID NICHOLS

MGRM

04/30/2004

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